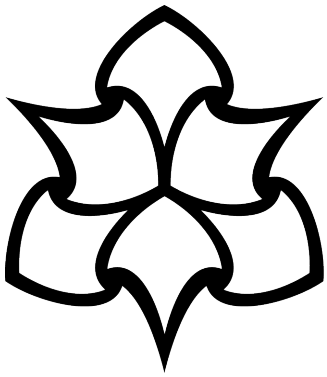

SOCIAL JUSTICE, INEQUALITIES, THE ARTS AND PUBLIC HEALTH: WEAPONS OF MASS HAPPINESS?

C PARKINSON

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CLIVE PARKINSON

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Abstract

This thesis draws together nine publications spanning the period between 2007 and 2018. They have been selected to reflect a specific aspect of my research trajectory, its contribution to the field of arts and health, and its future direction, demonstrating its application to international policy and practice, whilst placing it within a space that is critical of its own community of interest.

The research is informed by the cultural and political landscape of 'austerity' in the UK. It questions the dominance of neoliberal policies and culture and how these influence the arts and health field, and positions itself outside the bio-medical discourse. Whilst questioning notions of 'gold standards' in research and evaluation, the argument made, is for an arts-led field in the pursuit of social justice and health equity, rather than one understood through the language of pathology and sickness.

Through an artist led perspective, this thesis amplifies and builds on the thinking of those concerned with inequalities, (Marmot, 2010; Wilkinson and Pickett, 2009/2011) drawing on the work of contemporary theorists and academics across allied disciplines, taking into account the current policy context for arts and health in the UK. It suggests that whilst there is evidence (Gordon-Nesbitt, 2015) that the arts might mitigate against some of the factors that influence health and wellbeing, by being framed and understood in predominantly bio-medical ways, the arts are at risk of becoming a reductivist cost-effective tool, rather than a liberating force for social change.

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Introduction & Contribution to Knowledge

This thesis comprises nine publications written between 2007 and 2017 and an analytical commentary and is informed by a career spanning distinct periods working in academia, the National Health Service and the voluntary sector in the context of health and the arts in the United Kingdom. The analytical commentary contextualises the nine texts with reference to the cultural and political landscape in which they were written. As I will demonstrate, the socio-economic climate has informed the direction of my ongoing and developing work and my contribution to the knowledge base within the evolving field described as arts and health. The publications are a range of journal articles, book chapters and stand alone material and are bound into the thesis in electronic (PDF) book form.

This commentary acknowledges, and the thesis as a whole reflects a significant shift in the context and theoretical underpinning of my work, away from a concern with the impact of cultural participation on health understood from the perspective of an individualistic model of health promotion, to a more nuanced understanding of the social causes of ill health and conversely, positive health and wellbeing. At the same time it coheres around the central idea that the arts have the potential to give voices to people marginalised through inequalities and amplifies the thinking of contemporary theorists and academics concerned with social injustices across allied disciplines including the sociologist Cockerham who notes, “the relegation of social factors to a distant supporting role in studies of health and disease causation reflects the pervasiveness of the biomedical model in conceptualising sickness” (Cockerham, 2013: 6).

It is particularly informed by the current policy context in England outlined by dually qualified micro-biologist and sociologist Gordon-Nesbitt through her work for the *All Party Parliamentary Group* (APPG) *on Arts, Health & Wellbeing* (APPG, 2017). The analytical commentary makes numerous references to blog postings I have made, and to avoid self-plagiarism, I will adopt the convention of an initial citation of (Parkinson, Blog) followed subsequently by (op cit, blog).

The thesis suggests that the arts and health community - largely influenced by well intentioned funders (Arts Council England[1], Wellcome Trust[2]) -have, by and large, bought into the biomedical framework, and argues that whilst biomedical science is undoubtedly suited to the treatment of diseases and the development of drug-based treatments, these methods are not appropriate to understanding culture and the arts as social factors that affect and influence health and illness. *The World Health Organisation* (WHO) defines these influencing factors as the social determinants of health, and as the "conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life" (WHO, nd).

Through the establishment of a *Commission on Social Determinants of Health,* the WHO in 2008 identified that the health inequalities between, and the social gradient within countries, were a result of the uneven distribution of power, income, goods and services, including access to healthcare, education, good-quality employment, homes and communities (WHO, 2008). My thesis indicates that whilst the research literature associated with arts and health frequently focuses on the palliative effects of cultural engagement, the potency of arts participation is better understood as a mitigating collective force against the adverse social determinants of health.

The impacts of arts engagement on health and wellbeing are of increasing interest to policy makers, evidenced by the establishment of an *All Party Parliamentary Group on Arts, Health and Wellbeing* (APPG) in 2014, and its more recent research synthesis, *Creative Health: The Arts for Health & Wellbeing* (APPG, 2017). This PhD critically positions my contribution to that knowledge base, ranging from my early research into the impact of the arts on health in the context of illness and morbidity, to my more recent focus on wellbeing across the life course, from cradle to the grave.

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[1] Arts Council England strategic focus has moved towards an arts and health agenda and its evaluation and research are largely defined by 'quality metrics', see: http://www.artscouncil.org.uk/quality-metrics/quality-metrics

[2] The Wellcome Trust is one of the UK's largest arts/health funders but its work largely co-opts the arts as a translational tool for public understanding of science. https://wellcome.ac.uk/what-we-do/our-work/arts

This work exposes a shift in my research and thinking from an instrumental understanding of the arts, to one of cultural value, illuminated through an evolving reflective practice, which I will discuss alongside and the performative elements of my work, in the methodological section of this thesis. My most recent work outlined in the conclusion of this analytical commentary, questions what is described as the neoliberal agenda, which I have argued, has incrementally reduced understanding of cultural impact to cost-efficiency measures within a climate of austerity, offering up the arts “as a panacea for all life's ills” (Parkinson, 2016) and a superficial route to happiness (Parkinson and Bennett, 2017).

My research aims to understand arts participation as a social determinant of health and wellbeing, building on the work of Michael Marmot (Marmot Review, 2010) and Richard Wilkinson & Kate Pickett, (*The Spirit Level*, 2009) who interrogate the inequalities that underpin long-term health outcomes. The wider discourse in arts and health however, has gravitated towards evidence-based medicine as a means to justify its place at the academic table, and the desire for ‘gold standards’ in evidence. Parallel to this, the wellbeing agenda is dominated by pseudoscientific measurements of happiness, which philosopher Pascal Bruckner argues is delusional (Bruckner, 2011) and Cederstrom and Spicer (2015) suggest constitutes a syndrome in and of itself.

This body of work is critically aligned to the work of Mike White (2009), Sam Ladkin (2016) and the position held by the philosopher Tom Sorell, which suggests that “scientism is a matter of putting too high a value on science in comparison with other branches of learning or culture” (Sorell, 1991: preface). Adding to this critique of logical positivism, and the “ill-fit” of scientific methodologies used to capture the impact and value of the arts, (White, 2016) my work adopts something of the theoretical position of philosopher Nancy Cartwright, in her suggestion that no gold-standard, or universally best method of evaluation exists (Cartwright, 2007).

I will position my work alongside these contemporary theorists, noting the points of divergence and convergence in the expanding arts and health field, whilst synthesising my own work as a coherent whole. Through this analytical commentary, I will plot key elements of research and development in the evolving field of arts and health. I will contextualise this review in terms of a wider socio-political agenda and a deeper analysis of the social determinants of health.

The field of practice described variously as Arts in, Arts for and Arts and Health, has pursued an holistic model of health through participatory activity and diverse practice in clinical and community health contexts consistently for over thirty years (Senior, 1993: Angus, 2001; White, 2009; Clift & Camic, 2016). Later publications in this thesis reflect the values of the early community arts movement, which as Owen Kelly notes in *Community, Art and the State,* identifies itself with the social, political and cultural goals it shared with radical organisations of the time, suggesting that the state:

> constitutes one of the major obstacles to achieving the kind of democratic and equitable access to the means of cultural production which community artists have claimed as their ultimate aim (Kelly, 1984: 49).

Taking into account the incremental growth of arts and health in terms of research and practice, and in light of the recent APPG report, *Creative Health* (2017), the aggregation of thinking set out in these publications, represents a counter to the mainstreaming of arts and health activity, suggesting that the language of the arts, and of health, are not necessarily commensurate, and we are in danger of losing the vitality and radicalism that arts participation offer.

This thesis is set out to aid the reader through the publications chronologically and this introductory section provides some professional and personal context to the analytical commentary; an overview of the arts and health field; and a context to inequalities and the social determinants of health. This is followed by some brief introductions to each of the nine papers and their place in the arts and health field. Following the central section where the nine publications are reproduced in full, the final section aims to offer a rich critical reflection on the work and an indication of my future research direction.

I acknowledge that all the publications being submitted as part of this thesis, have been produced in a time of economic austerity, and reflect the lived-experience of a longer period under the shadow of socio-economic inequalities, in which I will first frame my publications. I also acknowledge that this climate of austerity will have affected my situated perspective in nuanced ways, which I go on to discuss.

A personal context

As someone who has pursued a non-traditional route through academia, but having nevertheless achieved a high public profile in this field of inquiry, (*BBC Radio 4, Today: Hansard; REF* 2014) it is necessary to contextualise my work as being increasingly artist-led and auto-ethnographic. Personal experience and context are central to my values, framing both my career trajectory and feelings of displacement within academia.

Ellis and Bochner usefully describe auto-ethnographers as primarily communicators and storytellers and Holt (2003) challenges those in academia who question the legitimacy of placing oneself at the centre of research narrative: “by writing themselves into their own work as major characters, auto-ethnographers have challenged accepted views about silent authorship, where the researcher’s voice is not included” (Holt, 2003: 19). This is particularly relevant to a thesis which reveals the slow transformation of its author from a place of individual and familial adversity, to one of a wider social context in which adversity is made sense of and “the figuring out what to do, how to live, and the meaning of their struggles,” is described (Ellis and Bochner, 2006: 8).

As a man born into a white working class family, and in whose community, a multi-faceted bigotry was the norm, my early years were politically myopic, my influences borne of a culturally malignant environment with a deficit of aspiration. Education was not a priority and whilst my parents struggled to support my two elder brothers, who displayed developmental, behavioural and educational issues, I was by and large, left to my own devices and imagination.

I was actively deterred from involvement in the arts, which as an adolescent was best illustrated by my appetite for music. Whilst my parents were content with me to listen to pop and punk, when I bought my first classical album, I was questioned as to what I was doing and cautioned as to the very serious nature of this development. The explicit message being: I was getting above myself and this kind of culture, just wasn't for the likes of us.

However, at the same time I was encouraged to pursue painting and drawing which was the only discipline at school to which I’d shown any promise, and which I explored quietly and privately in my bedroom, away from the familial anxieties that surrounded my siblings.

My undiagnosed dyslexic middle brother had a very difficult time in the shadow of my more dominant elder brother and both boys struggled at school, resulting in my middle brother being expelled permanently without completing his education. His mental health suffered and he spiralled in and out of psychiatric and addiction services throughout his life.

Figure 1. *Lucky Pussy* (2017) Clive Parkinson. Collaged advertising for the performative presentation: dis/ordered at the Museum of Contemporary Art, Sydney, September 2017.

Although loving and supportive of my brother, my parents had little experience or confidence navigating the education or health services, and the strain both my brothers put on the family meant that I withdrew into my own space, out of survival instincts and as a way of making sense of a certain level of violence that surrounded me.

This in turn, brought out symptoms of what would currently be described as, childhood obsessive compulsive disorder (OCD), seeing me secretly managing a range of debilitating and time consuming rituals for a period that spanned childhood and early adulthood. My eclectic passion for music and experimentation in the visual arts, continued to be a private and hidden pursuit, my exploration of classical and *avant garde* music seen alongside my ritualistic behaviour was a more altogether, shameful secret.

Adolescence however, saw me gravitate towards the fringes of my community and the new possibilities which counter culture offered - of punk and community art, and a burgeoning socio-political awareness underpinned by a conviction that things could be different. It was inevitable that the arts in all their guises would offer both an escape and the possibility of scrutinising the influence of social factors in my own and others' lives.

During the then Prime Minister, Margret Thatcher's term in office, I was offered a temporary job under the governments' *Manpower Services Commission* job creation scheme known as the *Community Enterprise Project.* Under this project, I spent six months working for the NHS Psychology Service at The Royal Albert Hospital, Lancaster: a Victorian institution for adults with learning disabilities. The role was to assist clinical psychologist, Dr Otto Wangermann in the assessment of all 800+ patients of the institution, through a range of systematic tests of cognitive ability. Rudimentarily trained in the facilitation of this basic tool, alongside a small team, I met and assessed most of the hospital patients, many of whom were too profoundly disabled to take part in a standardised test; many more who would have preferred to have had a more meaningful and appropriate conversation with a stranger, than realise their failings.

It was during this period of activity that I began to spend time creating art with people in the hospital: small scale, and after my working hours were over. In many ways a Victorian institution on such a grand scale was impoverished and oppressive beyond imagination; in other ways, it offered new opportunities, as I will briefly describe.

Early in my time at the hospital, a clinical manager had noticed that there was an appetite from some of the residents who were deemed to have 'challenging behaviours', to work with me creating art. Shortly after attending an informal workshop which I facilitated, he offered me a full time role as a nursing assistant for six months, in a large space where I could act as an artist in residence, in all but name. This was unprecedented at the time. The role was extraordinarily successful and subsequently I was employed for the following fifteen years, and re-categorised as the Hospital Arts Co-ordinator. I would go on to collaborate with amongst others, *TATE Liverpool, Ludus Dance Company*, the local repertory

theatre and literature festival[3], and curated a number of high profile public exhibitions.

In 1993 this NHS trust funded me to undertake a full-time degree at Lancaster University, with whom I had developed a strong collaborative relationship facilitating placement activities for students studying art and design, and where I would continue to receive a full time wage and work in and around the hospital when I could. At the time, Manchester was synonymous with arts and health which focused predominantly on embedding the arts in healthcare environments. As part of my study and to enhance the work I had embarked on within the NHS, I began a series of meetings with Peter Senior, director of Manchester Metropolitan University's, *Arts for Health.*

Study for this combined fine art and independent studies degree, represented a significant period of enlightenment, enabling me to see the work I was developing, through a more nuanced cultural and political lens, reflecting on my own life, alongside people whose experience of inequalities and systemic abuse caused me to reconsider how the arts in all their forms, might have a more significant part to play in addressing social and health inequities, and enriching peoples impoverished lives. Then, as now, I believed that I was an imposter in academia, my thinking brash and naive by comparison to my peers.

Then, as now, I have asserted my role as an artist, imagining things differently, my crude thinking resistant to the constraints of scholarship and articulated more poetically through the ongoing evolution in my artistic research and practice, and which I focus on in the conclusion of this analytical commentary. It was over this period that I began to conceptualise my understanding of arts and health from the perspective of being an artist and facilitator enabling extraordinary moments in the lives of people who were marginalised. As the publications reveal and my reflective analytical commentary discusses in depth, my position in academia has been critically informed by my participation in this field, which is a legitimate if not fully legitimated perspective through which to carry out research in this field.

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[3] The Royal Albert Hospital was in Lancaster and these arts organisations represented multiple art form experiences for the people living at the hospital. By way of example, TATE Liverpool brought art from the gallery in to the hospital to work with residents. Working with the Lancaster Literature Festival residents of the hospital created a collaborative drama that was performed at the Dukes Theatre in the city.

Through the process of writing this thesis, I have consolidated a fractured awareness off my own contribution to the field, in terms of my reflective and artistic practice, to a position of high esteem in the arts and health community. This is best revealed through the performative account of my own childhood compulsions, held alongside a serious study of psychiatric diagnosis, as a commissioned work at The Big Anxiety Festival (Parkinson, 2017). This work utilised found film and a sonic landscape to explore a deeper marriage of theory and lived experience, which I will return to in my methodology section. Before discussing my nine publications, I will provide an overview of the arts, health and wellbeing field.

> With all my ideas and follies I could one day found a corporate company for the propagation of beautiful but unreliable imaginings [4]
> Robert Walser (1909: 140).

The Arts, Health and Wellbeing Field

Definitions of arts and health and arguments as to whether it constitutes a discipline, a field or a community are frequent; similarly common are disputes over its lineage and academic fit. As Raw *et al* notes (2012), "there is little consensus on a natural conceptual home for the work" (Raw *et al*, 2012: 98). This is further complicated through research which privileges the health agenda, over that of the arts, and whilst the field appears to be practice-led, research attention has been less focused on art practices themselves, rather than their utility to address health outcomes, with academic discourse centred on the need for robust evidence.

For this analytical commentary I have adopted Arts and Health over my own organisational name of Arts for Health to suggest parity in value between arts and health. *The World Health Organisation* provide us with a succinct and widely agreed definition of health as: "a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity" (WHO, 1948). Whilst this definition of health in its broadest sense is useful, it doesn't meaningfully offer any detail on the term 'wellbeing' - often conflated with health - which is useful to

[4] Robert Walser - 1878 - 1956 was a Swiss writer who between 1919 and his death, spent much of his life in psychiatric institutions. He developed a style of writing known as 'micro-scripts' to create a large body of work. His life and work are of significance to Parkinson, and Walser provides a key narrative account in his engagement with people marginalised by mental difference.

unpick.

When the *Government Office for Science* published its foresight report: Mental Capital and Wellbeing: Making the most of ourselves in the 21st century (2008), it was heralded as providing robust evidence of the factors that underpin wellbeing, through its commissioning of the *New Economic Foundation* (NEF) to develop a set of evidence-based actions to improve personal wellbeing encouraging people: to connect, be active, take notice, keep learning and give. These 'five ways to wellbeing' have provided the arts and health community with a rallying cry and a framework to hang their flags on (*Socialiniai Meno Projektai,* 2013: *Voluntary Arts*, 2017; *Creative Health*, 2017).

It was however, the Chief Medical Officer for England, Professor Dame Sally Davies, who questioned the veracity of this wellbeing research in her own Annual Report (2014) suggesting that the wellbeing "hypothesis was accepted as proven without question and that there is still a lack of consensus over fundamental questions such as: what mental well-being is, how it relates to public mental health and illness, and what value is placed on it across society" (Parkinson, Arts & Health Blog, citing the Chief Medical Officer, 2013). To add insult to injury to NEF, she astutely observed that, "It is entirely possible to have a mental illness, and simultaneously to enjoy high levels of subjective well-being – and vice versa" (Ibid, 2013).

More disconcertingly than Davies' rejection of the wellbeing research, was the *All Party Parliamentary Group on Wellbeing Economics*, (APPG) which in its calls for culture and the arts to be at the heart of how we understand mental health, inevitably frames wellbeing in the language of the free-market. The MP David Lammy in his foreword to a report of the APPG comments:

> wellbeing evidence can not only help target public spending more effectively at improving people's lives, but in many cases has the potential to deliver significant long- term savings by reducing demand on public services (APPG, 2014: 2).

The National Alliance for Arts, Health and Wellbeing[5] (NAAHW) which was established in 2012, describes itself as aiming 'to provide a clear, focused voice to

[5] The National Alliance for Arts, Health and Wellbeing is a network of organisations advocating for arts/health across England. Parkinson facilitates the North West Arts & Health Network which forms part of the alliance. http://www.artshealthandwellbeing.org.uk/

articulate the role creativity can play in health and wellbeing' and is an organisation I have had some input into, nominally representing the North West region of England. The Alliance offers what it hopes is a useful and definitive overview of the arts and health field, but on its website frames the field explicitly in terms that are subservient to a clinical treatments and cost effectiveness:

> By supplementing medicine and care, the arts can improve the health of people who experience mental or physical health problems. Engaging in the arts can promote prevention of disease and build wellbeing. The arts can improve healthcare environments and benefit staff retention and professional development. (NAAHW, 2012)

In a similar vein, the Alliance website provides umbrella descriptions of what it describes as the five main areas of arts in health work, listing them as "healthcare environments: participatory art programmes; medical training and Medical Humanities; Arts Therapy and Arts on Prescription" (NAAHW, online). Such attempts to characterise the field through a logical sense of progression are clunky and reductive, confounded by the longevity of Art Therapy and the Medical Humanities, which both precede the arts and health movement and to which it may be useful to provide some context to here, to delineate the territories that define the broader relationships between arts and health.

Arts Therapy, which emerged in the 1940s, has its own statutory code of ethics and is regulated by the *Health and Care Professions Council*.[6] It is distinguished as the integrative use of an art form in clinical therapeutic practice, "where therapists consider how to purposively use and transition from one art form to another in service of the individuals, families or groups" (Malchiodi, 2015: 40).

However, from a theoretical allegiance to the participatory arts, and thus distinct from art therapy, the theory of therapeutic landscapes has emerged to investigate how different types of landscape, can benefit health and wellbeing. Healing in this context is seen not as a cure, but alleviation, a possible reduction in the severity of symptoms and improvement in the quality of life (Glannon, 2004).

Exemplifying this work, a pilot study with pre and post-natal women refugees who are victims of rape, trafficking, sexual violence, domestic servitude

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[6] The Health and Care Professions Council regulates health, psychological and social work professionals. http://www.hcpc-uk.co.uk/ This is distinct from arts and health practitioners who are not regulated in this way.

and other forms of gender based violence and human rights abuses, has been undertaken to explore recovery and transition, utilising a participatory arts methodology (Rose & Bingley, 2017). This work is significant to the evolving arts and health field as it represents a focus in communal and shared activity and experience over the individual, distinguishing itself clearly from clinical notions of therapy. Whilst there are a growing number of arts on referral projects in the UK, evidenced by the *Social Prescribing Network*[7], any in depth analysis of the impact of these schemes on health and wellbeing outcomes are as yet, few (van de Venter & Buller, 2015).

The Medical Humanities are cynically described by some as a 'newish' interdisciplinary area that explores the social, historical and cultural dimensions of medicine which responds to the pressures some universities are under to demonstrate practical value and for economic reasons, suggesting that "there's money in medicine and not so much in the humanities" (Jack, 2015). However, the relationship between medicine and humanities has a rich history which embraces the classics, from Greek physician Hippocrates who suggested "both that medicine is an "art" and that there is a crucial association between medicine and the "human" dimension of the humanities" (op cit, 2015).

In his Rede lecture of 1959, the scientist and novelist, C. P. Snow, claimed that 'two cultures' had developed and that the chasm between the arts and the sciences was damaging to our civilisation. What is now described as *Critical Medical Humanities,* (Whitehead & Woods, 2017) places an emphasis on the social, political and cultural contexts which have inflected and informed the experience of illness, in historical and contemporary contexts. Perhaps Atkinson *et al* in their essay, *'The Medical' and 'Health' in Critical Medical Humanities* provide a timely disciplinary segue between the arts and health and medical humanities, suggesting that:

> the participatory ethos of arts and health engages with the social or collective dimensions and determinants of health to foster personal and community well-being, explicitly conceptualising these as inextricably interwoven (Atkinson *et al,* 2015: online).

[7] The Social Prescribing Network: https://www.westminster.ac.uk/patient-outcomes-in-health-research-group/projects/social-prescribing-network

The first succinct attempt to conceptualise the multiple potentialities of the arts and health field came from Tom Smith in his evaluation of the four year Common Knowledge project. This large-scale experimental project used arts-based approaches to examine health, and was rolled out across the Tyne and Wear *Health Action Zone* in 2000. Smith usefully developed a visualisation of the emerging field, described as the arts and health diamond, reproduced here (fig 2) from an Audit of Arts & Health Projects in Cumbria (Allen, 2003).

Whilst the arts and health diamond was not intended as a definitive view of the field, it nevertheless offered a useful visual representation of the ways in which health and thereby, arts and health interventions might be more widely understood. By describing the subtle and multifaceted connections between the individual and communal, the arts and health, Smith not only helps us understand the spectrum of arts and health from an individual therapeutic intervention to large scale community events, but offers us a point in time, where practitioners in the arts and health community not only began to conceptualise their practice, but the field shifted significantly from its focus on humanising clinical healthcare environments, to considering the place of art and culture in a wider, outwards facing public health agenda.

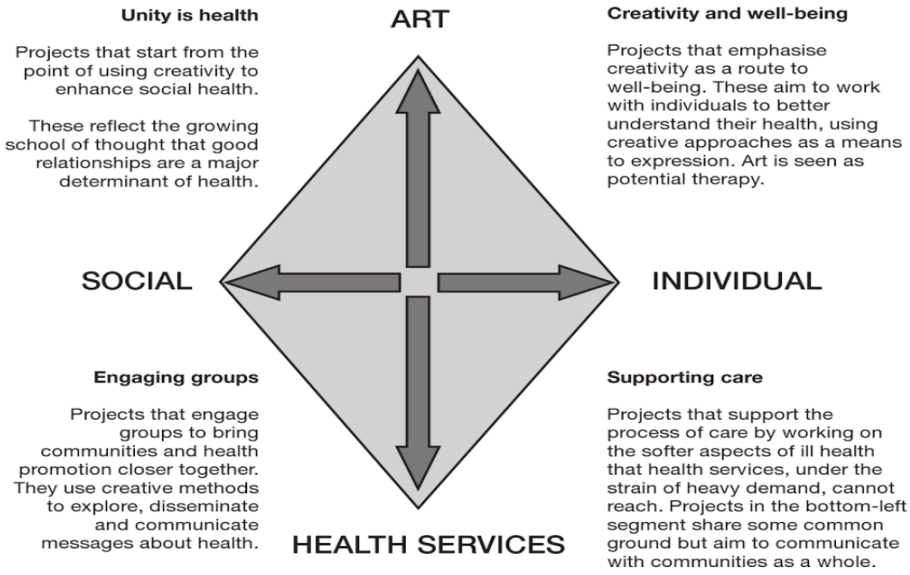

Figure 2. The Arts & Health Diamond (2003) Tom Smith for the Audit of Arts & Health Projects in Cumbria. Cumbria Arts & Health Group. Used with permission.

In any account of arts and health developments over the last two decades, the thinking of Mike White features large. White who died in 2015, was the author of the seminal text on arts and health in community contexts, and this work: *Arts Development in Community Health: A Social Tonic* (2009) provides a rich narrative account of work that focuses on development, evaluation and research beyond the confines of clinical environments, and the post-clinical focus of Peter Senior. (Senior, 1993) Arts and Health has evolved into an inter-disciplinary field of practice that seeks the attainment of better health through arts interventions that take place in clinical and community settings alike. It starts from the premise that the arts play a vital role in what it means to be fully human, how we experience meaning and feel well, both as individuals and collectively as societies. Over the last three decades, interest that the arts may have a potential impact on health, has been growing (Clift, 2016: De Botton, 2013; Senior, 1993; White, 2009; Parkinson, 2011).

Critical thinkers in the field of practice loosely defined as arts and health, have been telling us for some time that it is at a crossroads (White, 2009; Parkinson, 2011; Joss, 2016) and that understanding the potential that the arts have to exert a positive influence on health, is at a critical point. The report of the recent inquiry into arts and health undertaken by the *All Party Group on Arts, Health & Welling, Creative Health: The Arts for Health & Wellbeing* (2017) and the Digital, Culture, Media and Sport Committee inquiry into the social impact of participation in culture and sport,[8] (2018) have drawn wide interest from the field.

Inequalities and the social determinants of health

Social variables are those factors judged to enrich or impoverish health outcomes, predisposing individuals and communities to illness or health, and it is widely understood that some of these variables; stress, poverty and low socioeconomic status alongside what are described as ‘unhealthy lifestyles’ have a causal effect on mortality (Blaxter, 2010: Cockerham, 2013; Gordon-Nesbitt, 2015). The nine publications which make up this thesis collectively provide a narrative which moves towards the conclusion that the potency of the arts lies in their collective force as a vehicle for social change. This thesis theorises that the arts have the potential to mitigate against negative social determinants of public and

[8] A review into the impact of arts and sports which is underway at the time of writing up this thesis.

environmental health and enrich peoples lives. However, with the exception of Parkinson and White, (2013); Gordon-Nesbitt, (2015) and *Creative Health,* (2017) the impact of social variables on health is not seen widely in the research literature. In his thorough investigation of the impact of social variables, Cockerham suggests they:

> may be more powerful in inducing adversity or enrichment in health outcomes than formerly assumed. That is, society itself may indeed make you sick or conversely , promote your health (Cockerham, 2013: 8).

The proposition that environmental factors impact on health outcomes is not new, and in terms of the environmental roots of arts and health, and it's homage to Florence Nightingale's 19th century call to humanise health environments through structural improvements, offers a significant historical point of reference.

> People say the effect is only on the mind. It is no such thing. The effect is on the body, too. Little as we know about the way in which we are affected by form, by colour, and light, we do know this, that they have an actual physical effect. Variety of form and brilliancy of colour in the objects presented to patients, are actual means of recovery (Nightingale, 1860: 84).

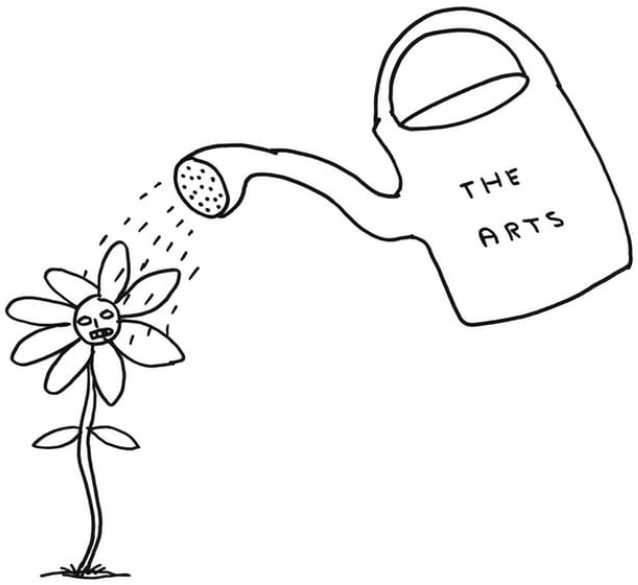

Figure 3. Illustration (2017) by David Shrigley for Creative Health: The Arts for Health & Wellbeing. Used with permission.

The words of Nightingale have been used extensively to frame arts and health in terms of investment in clinical environments; and the rationale for this does not need expanding here. In terms of current research into the mechanisms around arts participation's influence on physiological and psychological health, Gordon-Nesbitt offers some longitudinal evidence that is useful to this agenda. In her synthesis of data from fifteen research projects across the Nordic countries, stretching back a number of decades, she reveals a significant association between engaging with the arts and longer lives, better lived. These international studies collectively suggest that attending high-quality cultural events has a beneficial impact upon a range of chronic diseases over time. This includes cancer, heart disease, dementia and obesity, with an inevitable knock-on effect upon life expectancy (Gordon-Nesbitt, 2015; Arts & Health Blog, 2015).

Speculating on the many possible reasons for this positive association, Gordon-Nesbitt veers towards bio-medical mechanisms, ranging from psycho-neuroimmunological responses to the field of epigenetics and the theory that "environmental enrichment (in this case, cultural activity) can cause certain harmful genes to be switched off, enabling health-protective effects to be communicated from one generation to the next" (op cit, 2015: 50) What Gordon-Nesbitt does here, which Cockerham neglects to explore, is begin to interrogate the arts, not only in mitigating against the negative factors that impact on health, but on the potential of cultural participation as enriching factors, with the potential to affect physiological change.

In my role as Director of Arts for Health and as publisher of Gordon-Nesbitt's research analysis, what was clear to us both, was that these findings would be useful for policy makers; yet we presented the findings tentatively, as always with an eye on who has access to the arts, fully aware "there is every chance that any positive health effects attributed to arts engagement are the result of a hidden factor, most likely socio-economic" (op cit, 2015) in nature.

The publication of Gordon-Nesbitt's study in 2015 coincided with the emergence of a growing critique of 'wellness,' epitomised in The Wellness Syndrome, (Cederstrom & Spicer, 2015) reflected, as I have described earlier, in Professor Dame Sally Davies' questioning of the veracity of contemporary wellbeing research. This echoed with my own work, questioning the very nature of how wellbeing was being described and co-opted by those with vested interests,

as this thesis will further explore. Seen alongside a wider public understanding of what has been described as the 'depression industry' (Greenberg, 2011) and my own body of work, arts participation has become central to public discourse on the nature of mental health, wellbeing and the individual pursuit of happiness (de Botton, 2013).

Nine Publications - Context & Overview

This section provides context to each of the nine papers in this thesis, outlining the contribution to knowledge that each of them makes. My first publication disseminates research findings from the Invest to Save: Arts in Health Project published in the *Australasian Journal of Arts and Health* (2009). ***Invest to Save: Arts in Health - Reflections on a 3-year period of research and development in the North West of England.***

The HM Treasury-funded *Invest to Save: Arts in Health Project,* (2003-2007) hereafter the ISP, was underpinned by public health priorities set out in two government reports: *Choosing Health* and *Health Challenge England* (Department of Health, 2004; 2006) which identified a need for innovation to promote wellbeing and healthy behaviours. The ISP explored the value and impact the alliances between arts and health, interrogating perceived impact of arts participation on health and wellbeing, and placed participants at the centre of this inquiry.

Both *Choosing Health* and *Health Challenge England,* placed an emphasis on encouraging and supporting 'aspirations' towards wellbeing in addition to healthy behaviours, emphasising the importance of placing partnerships and alliances at the heart of new strategies for challenging traditional ways of looking at health problems. We used this as an indicator to measure perceived value and benefits, and placed the patients and public at the centre of our research inquiry. This work established a formal, strategic partnership between the *Department of Health's Public Health Team (North West)* and *Arts Council England (North West).*

The ISP Literature Review (Kilroy and Parkinson, 2006) identified that "stakeholders in the field wanted to know more about the nature of the impact of arts engagement on project participants, to better understand that impact and to compare emerging data to existing research findings" (Kilroy et al, 2007; *Health Development Agency,* 2000; Angus, 2001; Staricoff, 2004).

Interrogating previous research revealed "that there were a number of

benefits in using the arts to invest in people and places" (op cit, 2007) and particularly that arts participation encouraged self-expression, enhanced communication skills, strengthened inter-relationships and gave people a voice. Moreover, "using the arts within health has been seen to humanise care, encourage patient choice and promote a whole person approach that leads to a greater sense of health and well being" (op cit, 2007; Coulter, 2001; Angus and White, 2003; ACE, 2004; Coates, 2005).

Killroy and I wanted to explore what an improved 'sense of health' might look like, particularly in terms of individual and group experience, rather than externally measured (Matarasso, 1996) and we wanted to understand this in terms of a public health agenda. Our literature review into the impact and value of the arts indicated that:

> benefits may lie in the fact that engagement with arts activity enhances the individual, building their capacity for change by stimulating personal growth, self-determination and contributing towards self-awareness and transformation of identity. It was also suggested that the arts make an impact on individuals because they encourage people to stretch themselves further than they thought was possible (op cit, 2007).

Our work echoed the findings of others in the field, who propose that arts participation can contribute towards perceptions of having a sense of control of ones life, which enhances a sense of well being and quality of life, (Hill & Moriarty, 2001; Jermyn, 2004; UCLAN, 2005; ACE, 2004). These, we suggest, might be social determinants of health, and of healthy behaviour. This research review informed the selection of our research sites, and the development of research questions.

The mixed methods study recruited 154 participants with an attrition rate of 50, resulting in 104 sets of complete pre- and post-project data collection, using well established instruments[9] to measure psychological well being, general health, anxiety and depression and job satisfaction in health workers. The research

[9] These instruments are all regarded as robust tools and full details can be found of them in relation to the Invest to Save project at its website: http://www.miriad.mmu.ac.uk/investtosave/

findings evidenced reduced levels of stress, anxiety and depression and increased levels of eudemonic (active) well-being in those engaging with the arts. Dr Theo Stickley[10] has suggested that the ISP research offered, "what is probably the only general model of the relationships between the arts and wellbeing in which they propose that a holistic approach to the person interacts with a facilitative environment to generate an openness to change" (Stickley, 2013). This observation preceded any serious research consideration of the part that creative practice and cultural environments might play in health enrichment, which would become central to the thinking of Gordon-Nesbitt (2016), and underpin my following research.

Data from the research was published internally in T*owards Transformation,* (Kilroy and Parkinson, 2007) and the *Invest to Save: Arts and Health Evaluation Report* (Kilroy, Parkinson *et al,* 2008). The ISP research was interrogated in *Arts and Health: An International Journal for Research, Policy and Practice,* (Clift *et al,* 2009) and more recently in the journal of the *Royal Society of Public Health* (Swindells et all 2013).

This research had a wide reaching impact and was championed by Earl Howe and Lord Howarth, and was central to a debate in the House of Lords (2008). I have shared this research through plenary keynotes at the *European Capital of Culture* in Vilnius 2009; the *British Association of Arts Therapists Research Network* 2010 and the *UK Faculty of Public Health's* annual conference 2010. In 2011, I disseminated the work to Australian Parliament through a presentation to a special committee which would go on to develop a National Arts and Health Framework[11] (2013). Dissemination of the work was supported by the patronage of artist Sam Taylor-Wood[12] and broadcaster Melvyn Bragg and the research featured prominently in a *Department of Health Working Group Report* (2006) commissioned

[10] Dr Theo Stickley is Academic Lead for Public Engagement and Associate Professor of Mental Health., Faculty of Medicine & Health Sciences at Nottingham University and invited me to be the first speaker at the ESRC funded (UK-wide) Arts, Health and Wellbeing Research Network seminar on March 7th 2013.

[11] Details of the National Arts and Health Framework can be found at: www.arts.gov.au/national-arts-and-health-framework

[12] Sam Taylor Wood and Melvyn Bragg provided public advocacy for the ISP and details can be found at: http://www.miriad.mmu.ac.uk/investtosave/about/vision.php

by NHS Chief Executive, Sir Nigel Crisp, and subsequent DoH publications, *A Prospectus for Arts and Health* (2007) and *Arts Council England Strategy for Arts, Health and Wellbeing* (2007). This piece of research furthered understanding of the participatory arts as part of a public health agenda and drew on the "realistic evaluation" framework developed by Pawson and Tilley (1997) who developed models to explore how engagement in arts activities lead to health improvement and specifically, "what works for whom in what context." This has carried through to more recent work including, *Dementia & Imagination,* (2017). Explicitly, this work focused my attention of the governments 'Big Society' direction, and its worrying co-option of the emerging wellbeing agenda, as my next publication discusses.

Figure 4. Invest to Save: Arts in Health Evaluation (2007) Image by *arthur+martha.* Used with permission.

My second publication, ***Big Society, the Arts, Health and Wellbeing***[13]**,** (2010) was commissioned by the *National Association of Local Government Arts Officers* to critically contextualise arts and health and the *Invest to Save Project* in the context of the governments' emerging *Big Society* agenda, which proposed:

> giving citizens, communities and local government the power and information they need to come together, solve the problems they face and build the Britain they want (Cameron, 2010: online).

The findings of the ISP research became relevant to the *Big Society* agenda, because the government was calling for "an ambitious strategy to prevent ill-health which harnesses' innovative techniques to help people take responsibility for their own health," (*Department of Health*, 2010). Big Society, the Arts, Health and Wellbeing unpacked the ISP findings which suggested that arts participation enhanced a person's capacity to cope with life situations and change them.

In this work I proposed that transformational change did not occur in response to information or advice, but through deeply engaged moments of activity where people were motivated or inspired to want to make changes in their lives. Then perhaps, "an individual is then in a better 'place' or 'state' to look at cause and consider change from a more connected and balanced perspective" (Parkinson, 2010).

In the emerging climate of austerity, the *Invest to Save* project offered a challenge to policy makers which resonated with the *DEMOS* report, *Civic Streets: The Big Society in Action*, (Wind-Cowie, 2010) and in my deconstruction of the Big Society agenda, suggested that there was a real need for swift progress in the area of innovative cultural engagement. This perspective was eloquently echoed by Harvard Professor of Government, Michael Sandel in his *Reith Lectures* for the BBC in 2009 inviting people to think of themselves, less as consumers and more as citizens, and arguing for "politics of the common good" (Sandel, 2009).

The findings of *Invest to Save Project* amplified elements of both the work of DEMOS and the aspirations of Sandel and my interpretation of them in *Big Society,*

[13] This work was developed from a keynote given to the National Association of Local Government Arts Officers at their national seminar in July 2010 and which was published in their trade journal in November 2010.

the Arts, Health and Wellbeing, was unequivocal - in addition to positive mental health benefits, people who took part in arts activities were more able to cope with life situations, or to change them, and had more choices. However, the key point I make in this publication is that if the government genuinely wanted to engage with diverse communities across the UK, and not just the articulate middle classes, artist-facilitated grass-roots cultural engagement could offer genuine opportunities for dialogue; but if policy makers consult the public, they must be prepared for unexpected questions and reactions, and respond swiftly (Parkinson, 2010).

In their publication, *Arts Funding, Austerity and the Big Society* (Taylor and Knell, 2011) the *Royal Society for the Arts* (RSA) placed my essay at the centre of their argument for radically rethinking the 'deeper purpose' of the arts over the long-term, which needed to "improve existing rationales, but also embrace new ways of telling a richer story about how they create value." In email correspondence the the RSA publication's co-author, RSA Chief Executive, Michael Taylor, explained his rationale:

> I made specific reference to your research into the relationship between art, wellbeing and autonomy. Your further suggestion that people disconnected from civic society, might be empowered through cultural engagement, is a compelling argument and one that is particularly relevant in our current political climate[14] (Taylor, 2012).

Paper two began my thinking around the arts, democratic voice, and civic action, informing much of the thinking and as I will illustrate, expanded through subsequent research. At the invitation of the *British Council,* I was invited to share the research findings of the *Invest to Save Project* at Vilnius, E*uropean Capital of Culture* (2009). Following this keynote and the sharing of the ideas developed in *Big Society, the Arts, Health and Wellbeing,* the British Council commissioned my third paper, ***Beyond the States of Arts and Health: Public Wellbeing + Civic Good*** (2012): a clunky title which owes much to the complexities of translation.

[14] Email correspondence between CEO of the RSA Matthew Taylor and the author in 2013

This essay began as an interrogation of the potential of the arts and health agenda within the post-Soviet context, where no evidence of socially engaged arts practice with explicit health outcomes, had been developed. This work incrementally built on my previous output but marks a significant jump into a more political narrative, whilst embracing author of *Arts Development in Community Health: A Social Tonic,* (2009) Mike White's rather poetic definition of the "arts and health movement as 'a small scale global phenomenon'" (Parkinson and White, 2012).

B*eyond the States of Arts and Health: Public Wellbeing + Civic Good* marks a development in my personal research direction, reflecting both a period of austerity in global politics, and the emerging idea that arts and health had the potential to be 'scaled up' and offer 'cost-efficiencies' to government.

In the same year that White published his book, practitioners and academics involved in the field of arts and health, contributed to the first issue of *Arts & Health: An International Journal for Research, Policy and Practice.* The essay: *The State of Arts and Health in England* (Clift *et al,* 2009), to which White and I nominally contributed, was motivated by "two apparently contradictory events: the collapse of the *National Network for the Arts in Health* and the launch of the *Arts Council England* and *Department of Health* joint publication, A Prospectus for Arts and Health (*Department of Health,* 2007)" (op cit, 2009), but as a rallying cry to its community of interest, it represented a mono-cultural and uninspiring essay.

In *Beyond the States of Arts and Health: Public Wellbeing + Civic Good* I offered an argument for global conversations, whilst highlighting the reductionist tendency to affiliate arts and health research to bio-medical models of research and drew upon the challenges to re-imagine public health, set down by in the *British Medical Journal* (Lang and Rayner, 2012) and in the *Perspectives in Public Health Journal* (Hanlon *et al,* 2011).

In this work I specifically draw upon the work of Hanlon *et al,* which suggests that whilst the influence of science has expanded exponentially, providing huge benefits across life, and in particular medicine, she argues that:

> faith in science has morphed into an ideology best called 'scientism'. Under scientism, what really matters is that which is known empirically, can be supported by evidence, can be counted or measured and, above all, can be shown to be value for money. Concerns about evidence and value for money are important, but can cause problems when taken too far, [particularly] if metrics are used as the sole measure of success (Hanlon et al, 2011: online).

In this publication I note (op cit, 2012) Lang and Rayner's suggestion, that our blind pursuit of health is conflated with consumerism, and as I have reiterated online (Parkinson, blog) assert that it is difficult to reframing thinking about mental health, social exclusion, and inequalities in health:

> without placing democracy at the heart of our thinking, where people have a sense of - and actual engagement in shaping society and life, particularly when, we live in a world in which so many people are excluded from control or who experience a sense of alienation in their lives (Lang and Rayner, 2012: online).

My analysis and reflections on their work, informed this essay which looked beyond the UK, and to subsequent *State of the Arts and Health* papers from the US (2009), Canada (2010) and Australia (2010)[15] drawing further parallels with countries where arts and health is an emergent practice, but where English is not the first language.

While my work applauds the influential, *Fair Society, Healthy Lives, The Marmot Review,* (2010) it echoes the suggestion of Pickett and Dorling, in that, "what is missing, is the political courage to deal with the root causes of those social determinants. Why people smoke, rather than trying to get them to stop. Why people eat too much, commit violence, trust each other less, invest more money in their children's education; rather than trying to understand the social inequalities that stand in their way" (Pickett and Dorling, 2010).

[15]Following the first issue of Arts & Health: An International Journal for Research, Policy and Practice featuring a 'State of the Art' essay, it went on to feature essays in a similar vein from other countries. https://www.tandfonline.com/loi/rahe20

Beyond the States of Arts and Health: Public Wellbeing + Civic Good was commissioned to set the scene in which new ways of thinking, could garner political support, synthesising European and international developments in arts and health, including the diverse cultural perspectives of Lithuanian, Finnish and South American research and policy. It provided the context for the Lithuanian Cultural Ministry's first research report on arts and health; *Menas žmogaus gerovei* (2012) which I presented to Lithuanian Ministers (2013), enabling the strategic support and funding of the first Lithuanian Arts and Health project, Socialiniai Meno Projektai. Building on the ISP research alongside the political imperative established in paper two, and the issues around diversity and scientism explored in paper three. My fourth paper builds on the imperative to place the 'user' at the heart of research which was also central to the Invest to Save project.

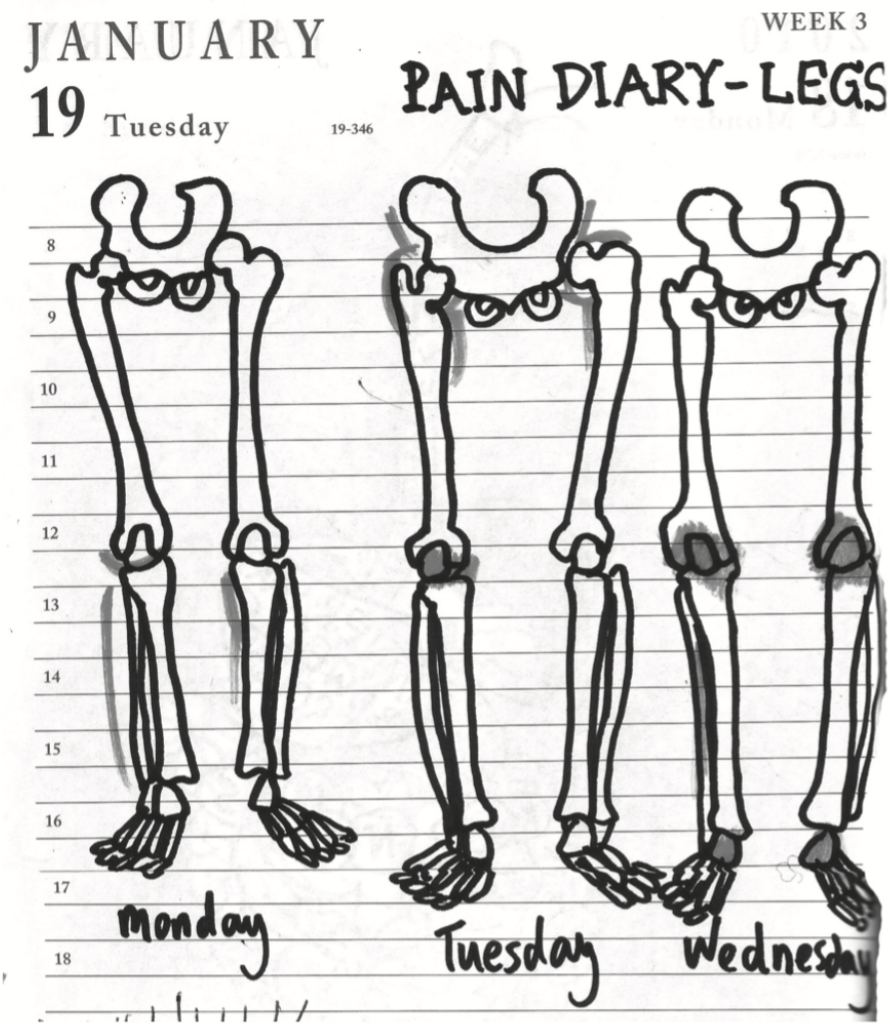

Figure 5. Pain Diary Legs (2013) Lois Blackburn, *(arthur+martha).* Used with permission.

Inequalities and the sometimes futile dominance of science, in the lives of people facing terminal illness, and the instrumentalisation of the arts, emerge strongly in my fourth paper, ***Towards Sentience,*** a book chapter in *The Handbook of Interior Architecture and Design* (2013). In a consideration of the arts and health agenda from the cradle to grave, from clinical settings to the communities that we live in, this work is an exploration of wellbeing at the extremes of the human condition in an attempt to better understand how to achieve long-term cultural change in the way we design, deliver, and value public health towards the end of life. Responding to the challenge set by former *British Medical Journal* editor, Dr. Richard Smith, who claimed that, "medicine alone cannot address these common values and attitudes towards the management of death, while well known about in scientific circles, have yet to be acted upon because of lack of imagination," (Smith, 2002) *Towards Sentience* suggests that the arts might offer a means to addressing these points.

My line of inquiry responds to the imperative for cultural change in end of life care, set down by former president of the *Royal College of General Practitioners,* Dr. Iona Heath who argues for, "authentic health care for the old and frail" focused on preservation of dignity, treating people with affection, and "supporting their continued involvement in social activities, rather than the pursuit of ever-more elusive cures" (Heath, 2010). *Towards Sentience* reveals the potential of the arts to humanise healthcare environments and give opportunities for deeply meaningful interaction around end of life discussions. Seen alongside health services for older people which author and surgeon Dr. Atul Gawande, describes as "warehouses of the dying," (Gawande, 2010) my work reveals the potential of the arts in the humanising of hospice and palliative care environments, and potentially, give voice to the most vulnerable.

From the design of healthcare environments to inspirational collaborative dementia projects, *Towards Sentience* doesn't ask trite questions[16] around the arts 'curing' cancer, stoke or dementia, but suggests that the relevance of the arts in end of life care might be to offer new opportunities for deeply meaningful interaction, contributing to difficult, but important, end of life discussions. In terms

[16] "The Power of Art: Can creativity cure the sick? Can unleashing inner creativity heal the sick?" This was the sensational heading of a BBC article on creativity and health: http://www.bbc.co.uk/news/av/magazine-21579762/the-power-of-art-can-creativity-cure-the-sick

of dementia, this essay builds on the research of Professors Anne Basting and Gene Cohen who suggest that we are ill-advised to focus on the deficits of the person living with the symptoms of dementia; so instead of focusing on memory and reminiscence - *the part of the person that is failing* - we should instead focus on their assets. Cohen took this argument further, positing that it is the symptoms of this disease that give us a potential new palette to work with, and when a person displays disinhibited behaviour associated with cognitive impairment, it is in fact this disinhibition that gives rise to creative potential, often for the first time in a person's life (Basting, 2009).

While patient involvement and consultation in healthcare is well-established, there is still a feeling of tokenism, lack of vision, and the authentic voice of lived experience, and this essay suggests that whilst *Evidence Based Design* has the potential to impact on patient outcomes, it is market-forces and cost-effectiveness that supersede compassion and care. *Experience-Based Design* however, offers something that puts patients' and users' experiences at the heart of the process, echoing Kath Weston's call for theory that comes from people outside of the academic (straight) sphere, which she describes as "*Street Theory*," providing "a wellspring of explanatory devices and rhetorical strategies in their own right." (Weston, 1996) Furthermore, *Experience-Based Design* pushes us "to widen and intensify the search for 'better' and more effective theories and approaches to transformation, particularly those at the participative end of the spectrum" (Bate and Robert, 2006).

Perhaps the arts can act as "a necessary counterbalance to the glories and excesses of scientific reductionism, especially as they are applied to the human experience." (Lehrer, 2007) In terms of the difficult conversations and contexts surrounding end of life care, Basting's reflections on her own performance based practice with people living with dementia, offers a link to work that I would develop shortly after writing this book chapter through the AHRC funded research project, *Dementia and Imagination*: "memory is not only an act of retrieval but an act of creative storytelling using imagination based on the here and now, emphasising that memory is relational and does not belong to one person" (op cit, 2009).

In their editorial to a special edition of *Arts & Health: An International Journal for Research, Policy and Practice,* (2013) editors Sarah Atkinson and Mike White brought together papers that focused on international perspectives in community-based arts and health offer the considered and provocative explorations for this journal, that "tease out the riches from comparative research" (Atkinson and White, 2013).

Inequalities, the arts and public health: Towards an international conversation, (2013) was the opening paper to this journal, and as my fifth publication is the only co-authored publication in this thesis. With the judicious editing of Mike White and his lucid insights borne of deep engagement in the field, my fifth paper lays out the issues confronting the field of arts and health in tackling health inequalities both nationally and internationally, and directly builds on some of the arguments which I had developed in *Beyond the States of Arts and Health: Public Wellbeing + Civic Good.*

As the keynote speaker at *The Art of Good Health and Wellbeing, International Conference* (2012) at Notre Dame University, Fremantle, Western Australia, I had further developed some of the ideas from the work I had delivered strategically in the UK and Lithuania in light of the perceived lack of imagination in public health delivery, and my presentation, *Arts and Health – A small scale global phenomenon: revelation or revolution,*[17] (Parkinson, 2012) began a deeper exploration of global inequalities framed in Charles-Edward Winslow's 1920 definition of public health as, the "science and art of preventing disease; of education; of social machinery and realising birth rights: all things that require knowledge, imagination and political advocacy" (Parkinson, blog; Winslow, 1920). At the same conference, Mike White was speaking about an artist exchange programme between the UK and Australia, and it was here that he suggested I should write up my presentation for the UK journal.

Prior to its publication (September 2013), I tested some of the refined ideas for this work, as the first speaker at the *Economic and Social Research Council* (ESRC) funded UK-wide *Arts, Health and Wellbeing Research Network*[18] event in March 2013. Mike White died in 2015 and played a highly significant part in the

[17] Presented as the opening keynote at the Art of Good Health and Wellbeing, 4th Annual International Arts and Health Conference in Australia

[18] A refined version of the above paper.

arts and health movement. I am indebted to him for his editorial skills and critical input to this essay, which has subsequently been republished in *Arts, Health and Wellbeing: A Theoretical Inquiry for Practice* (Cambridge Scholars Publishing, (Stickley and Clift, 2017).

In the context of public health thinking on inequalities and social justice, this paper posits what would make for good practice and appropriate research that impacts on policy. Specifically we moved our focus away from the narrow confines of the white, English middle classes towards non-English speaking nations, investigating and articulating the issues, and building awareness around the grassroots traditions in arts and health. White and I unpick the current trend for attributing blame to individual behaviour, and we suggest that, "by focusing on the micro, we fail to see the bigger picture – the shaping forces that frame the way we live our lives" (Parkinson & White, 2013). Furthermore that:

> our capability to think and plan on a large scale has been delegated to corporations, world elites and the dehumanised forces of the market, as though the process itself was not initiated by vested interests which too rarely consider health impacts (ibid, 2013: 4).

Reflecting on this work in the context of the wider literature, the editors of this journal reiterate a central tenant of our argument: "that public health seems to have lost any sense of vision, and the development of knowledge as a continual intellectual engagement, moving beyond data collection towards the open pursuit of social values, highlights the role of interest groups and debate across wider society, rather than within restricted scientific" enclaves (ibid, 2013: 4). In terms of impact and influence, this paper sets down a challenge to the cult of scientism, which will form a key part of my reflective account and observations of future directions, set out in the final section of this thesis.

In my sixth paper ***Present Tense,*** (2013) I return to some of the themes which I began to explore in Towards Sentience, but in this new work, my research is around death and dying itself. This chapter was written for the book accompanying the exhibition, *Mortality: Death and the Imagination*.[19] It explores the relationship between the contemporary arts, popular culture and death, and asks what "artists and art might tell us about our own attitudes to life and death in a society where we are told wellbeing is dependent on youth, vitality and happiness, and that like any other commodity, health can be purchased (Gartside *et al,* 2013). In this work, individual happiness emerges as some kind of 'benchmark' against which a good life is measured, yet death represents the ultimate failure of medicine. In his introductory essay for *Mortality: Death and the Imagination suggests:*

> Science is often presented in terms of a set or series of potential answers, the voice of authenticity, yet, despite offering a sophisticated array of medical solutions, it can also be a catalyst in the degradation of human life, particularly at the point of death (Gartside, 2013: online).

My own work unpicks what I describe as "secular notions of the numinous", in a publication which "sets the scene for dialogue in arts and health, that attempts to understand how contemporary arts practice might inform our attitudes to mortality (op cit, 2013).

Explicitly questioning the claims of arts and health activity and the faux psychology behind its sometimes proffered 'miracle cures,' I suggested that conflated language used to describe the potential of the arts is misleading and damaging, typified by the BBC's banner headline, mentioned earlier, asking: 'Can Creativity Cure the Sick?' (O'Brien, 2013) in their *Power of Art* series, which accompanied a feature extolling the impact of the arts on children with leukaemia. Perhaps this is arts and health's most instrumental and cruelest of offers.

[19] This exhibition ran between July and August 2013 and Parkinson facilitated a number of parallel community engagement events. http://www.holdengallery.mmu.ac.uk/2013/mortality/

Exploring Christopher Hitchens' use of the word numinous,[20] (Hitchens, 2010) and his attempts to liberate it from the strangle-hold of its religious roots, *Present Tense* suggests that the feelings of awe and wonder associated with biblical miracles and revelations, might in fact, be the opposite of the supernatural, and that the overwhelming feelings we sometimes experience in the presence of a beautiful landscape, a star-peppered sky or by artistic achievement, should be freely interpreted with a focus on humanity, of enabling solidarity with each other and the natural world, and perhaps a deeper relationship with the arts.

As its motif, this essay takes the televised interview between Melvyn Bragg and the terminally ill playwright Dennis Potter (1994). Speaking with lucidity and eloquence, Potter attempted to explain his acute and numinous awareness of being in the present moment: something he suggested, that you can only really experience when you are facing your own mortality:

> we forget or tend to forget that life can only be defined in the present tense... that nowness becomes so vivid to me that, in a perverse sort of way, I'm almost serene. You know, I can celebrate life. Below my window ...the blossom is out in full now. It's a plum tree, it looks like apple blossom, but it's white, and looking at it, instead of saying, 'Oh, that's nice blossom', looking at it through the window when I'm writing, I see it is the whitest, frothiest, blossomest blossom that there ever could be...The fact is that if you see the present tense, boy, do you see it! And boy, can you celebrate it (Potter, 1994: online interview).

In this remarkable interview, Potter offers us the opportunity to explore something intriguing and seemingly implausible: in the face of impending death, some kind of wellbeing might be attainable. Literature and art are explored as a means of enabling difficult conversations around end of life, but again, not solely in terms accepting a terminal prognosis, but of making decisions around how we live and how we die, and a more troubling contemplation on suicide is gently offered up by Roman playwright and poet, Seneca, (ca. 4 BC - 65 AD) who suggested that:

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[20] Numinous: a mysterious, majestic presence inspiring dread and fascination, which it has been claimed, could not be derived from anything other than religious experience. Hitchens argues both natural wonders and the arts offer the similar feelings of awe and wonder.

it is not a question of dying earlier or later, but of dying well or ill. And dying well means escape from the danger of living ill (Gummere, 2012).

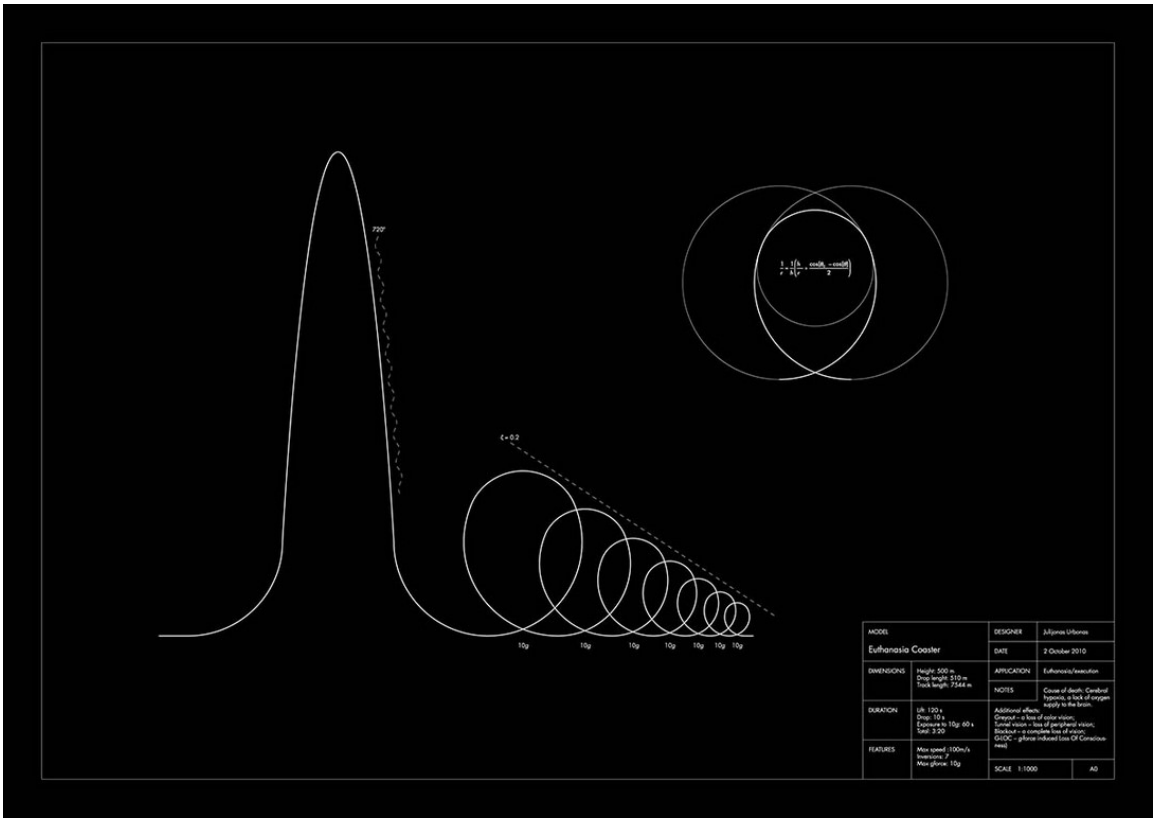

Figure 6. *Euthanasia Coaster* (2010) Julijonas Urbonas. Used with permission.

In this publication, I examine the work of contemporary Lithuanian artist, Julijonas Urbonas who offers us an unlikely dystopian segue from conversations about end of life, to more explicit dialogue around suicide and assisted dying, through his *Euthanasia Coaster* (2010).

Through an investigation of highly clinical approaches to GP assisted suicide in countries where it is, or has been legal, Urbonas suggests that the arguments that surround both ethics and legality blind us to any possible shared ritual and ceremony in suicide, in his exploration of *Gravitational and Fatal Aesthetics,* (Urbonas, 2010). Following his argument that churches and shrines are being replaced by theme parks, as part of a multi-disciplinary team of collaborators including engineers, scientists and clinicians, Urbonas designed the maquette for the Euthanasia Coaster as, “a hypothetic euthanasia machine in the form of a roller coaster, engineered to humanely – with elegance and euphoria – take the life of a human being,” (Urbonas, 2010) through cerebral hypoxia: the lack of oxygen

supply to the brain.

I argue that through this work, the artist offers us a poetic platform to hold the most difficult conversations, which he suggests, might enable us to challenge preconceptions and make a more intimate contact with the public to inform serious debate. In a society where people who are dying are hidden away, and where those who contemplate taking their own lives are subject to the full weight of the law and emotive public scrutiny, the *Euthanasia Coaster* offers us a potent symbol to enable conversation, through what has been described as an *Aesthetic Third* (Froggett et al, 2011); an object so symbolically loaded, it has the facilitated potential to mediate between those considering taking their life and those in a supportive position, but more critically, enables public discourse.

As I will discuss in my conclusion, art and creative interventions in the context of suicide can be brutal and challenging, the responses from the wider public often being mediated by knee-jerk tabloid sensationalism. Whilst *Present Tense* suggests that in terms of science and medicine, death is seen as the ultimate failure, perhaps a twenty-first century secular adoption of the traditional instructional Latin text on dying well: the *Ars Moriendi*[21] (Art of Dying) might provide a counter blast to the superstitions of a good Christian death alongside the consumer myth, that through scientific progress, we are all invincible.

These areas of inquiry tie explicitly into my longer term research direction and my own understanding of the role of the arts in quality of life in the final years of people's lives, amplifying the ways in which inequalities disempower the most vulnerable people.

My seventh paper, ***A Recoverist Manifesto*** (2014) reflects the lived experiences and aspirations of people with substance misuse problems in the UK, Turkey and Italy. This piece of action research extended participatory methodologies used in the *Invest to Save: Arts in Health Research Project* which stemmed from *Appreciative Inquiry,*[22] where stakeholders are given equal status in an exploratory artistic investigation. In 2011 I had developed a way of working with members of the *North West Arts & Health Network* to create a shared statement of

[21] The Art Moriendi was a Latin instructional text instructing the dying person on how to achieve a good death. I argue that perhaps a 21st century version might be secular and creative in its approach.

[22] A usefully definition of Appreciative Inquiry: http://www.davidcooperrider.com/ai-process/

principles, and had facilitated workshops with over a thousand people around the North West, in what would now be described as a co-designed project, and published the *Manifesto for Arts & Health* (Parkinson, 2011). This would inform my methodology for working with people affected by substance misuse.

In the manifesto I describe how between 2012 and 2014, people in recovery from substance addiction, in the UK, Italy and Turkey, took part in artist-led workshops to explore the role of culture and the arts in their lives through self-portraiture. This work was led by the UK arts and recovery organisation Portraits of Recovery[23] which recruited the artists Selda Asal from Turkey, Ali Zaidi from the UK and Cristina Nunez from Italy. Participants in the three countries took part in immersive workshops and shared their experiences through large-scale exhibitions and symposia.

Whilst the workshops explored individual stories, many of the participants expressed shared feelings of frustration and equally - aspiration. It was through the expressed feelings of the people involved, and my own personal account of addiction within my family, which set the scene for developing some additional workshops which I facilitated separately to the artists, to explore prejudice and frustrations, possibilities and aspirations.

The voices of people in recovery from substance misuse problems are largely marginalised because of the stigma associated with addiction, mental ill health and homelessness, which inevitably can confound health and social services, as to which issue to treat first. First hand accounts of those involved in the *Recoverist Manifesto* would suggest people are rarely treated holistically and more often than not, treatment comes via a crisis or an infringement of the law with the tabloid media largely portraying people affected by addiction as at best a health problem, at worse a criminal one, and very rarely acknowledging addiction as a socio-economic or cultural issue.

This work placed human experiences of addiction, at the forefront of conversations exploring the potential of the arts as a catalyst for cultural change. *The Recoverist Manifesto* provided a positive response to the *US Recovery Bill of Rights* which suggests: “By speaking out and putting a human face on recovery,

[23] Portraits of Recovery is a ground breaking visual arts charity run by Mark Prest. It supports people and communities affected by addiction and recovery, based in Manchester but with an international portfolio. https://www.portraitsofrecovery.org.uk/

people in or seeking recovery, and their families, play a critical role in breaking down barriers. These personal “faces and voices of recovery” serve powerfully to educate the public about addiction and recovery and about discrimination against those seeking sustained recovery” (*Faces and Voices of Recovery,* 2008).

Corralling something of the motivational power of anthropologist, Margaret Mead, who unknowingly empowered us when she declared: “Never doubt that a small group of thoughtful committed citizens can change the world; indeed, it's the only thing that ever has,” (Meade, nd) the *Recoverist Manifesto* gave a collective voice to disenfranchised people, who as I will show, have grown in strength and numbers.

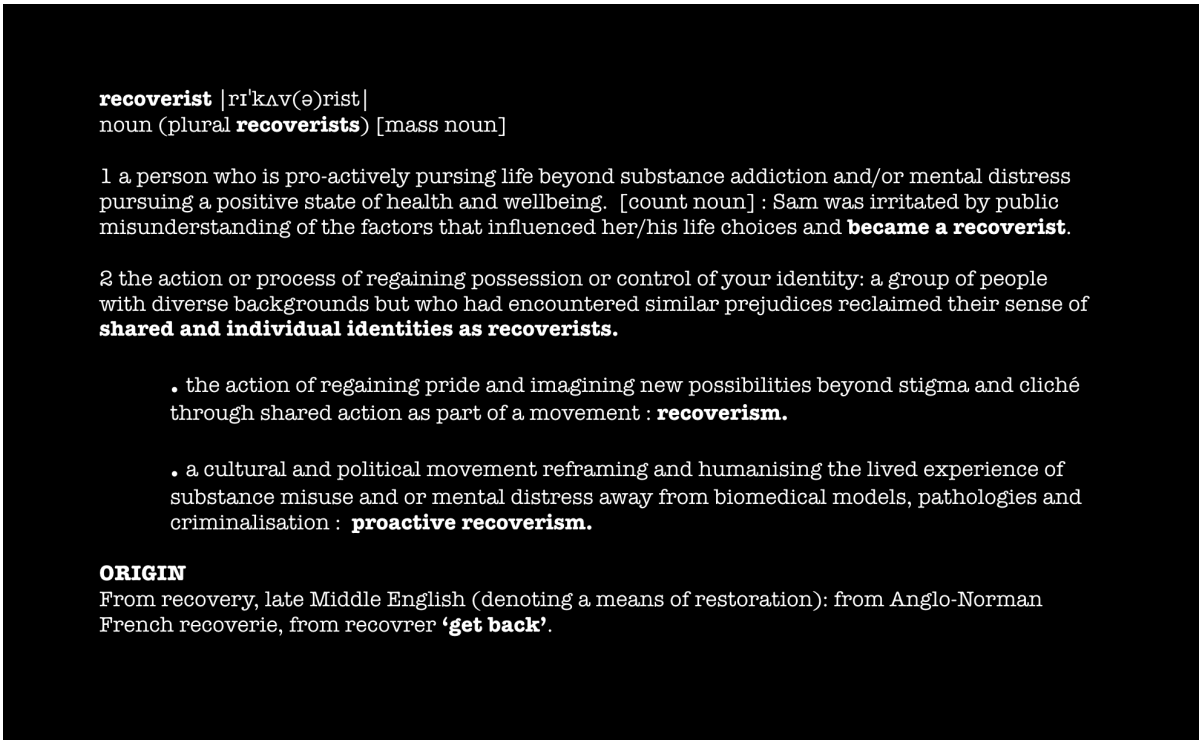

Figure 7. *A Recoverist Definition* (2014) Clive Parkinson.

Roy and Prest (2014) draw on the work of Professor of Psychiatry at Yale School of Medicine, Larry Davidson, in their reframing of recovery as a civil rights issue, which they suggests:

> helps us re-frame the issues affecting people with substance misuse problems, away from policy and services, and towards a more useful focus on the relationships between peers and wider society. This focus on civil rights also helps to align the citizenship struggles of those with substance misuse problems alongside those experienced by other groups (for example

> queer, black, disabled, and women) who have sought to challenge, unpick and reclaim the ways in which they are perceived and represented as a part of their struggle for civil rights (Roy and Prest, 2014: 181).

This Recoverist Manifesto builds on this line of thought and coined the expression *Recoverist* and *Recoversim* which shifts perceptions of people affected by addiction from passivity to activism. When asked to respond to the draft manifesto, author Will Self went one better, offering up an introduction to the *Recoverist Manifesto* and identifying with recoversim as a civil rights issue. In his introduction however, he offers the *person* at the heart of recoverism, the individual as part of the whole, and the theme running through the centre of this collection of publications - neoliberalism and the inequalities it has perpetuated .

> If there's one thing that the vicissitudes of addictive illness teaches us, it's that in the last analysis what matters is not our circumstances or our experiences – let alone our thoughts – but our feelings: we need to feel and be felt by other feeling people. We need this more than we need therapy, religion, or any of the material trappings of so-called success – we need it, because it's a necessary condition of the spirituality we struggle to attain (Self, 2014: 2).

Self's contribution to this work was both generous and meaningful, and in terms of profiling the recoverist agenda, his voice propelled our work further than we had anticipated, but it is the work of others, drawn out through this slow-burning movement, that deserves more scrutiny, and the unfolding legacy and influence of the *Recoverist Manifesto,* alongside inequalities and social injustice, which form the central theme of the conclusion of this thesis and taking the arts and health agents further away from quick roots to happiness and the feel-good factor.

My eighth paper, ***A Brightly Coloured Bell-jar*** (2015) explores mental health and the arts, and was published as a book chapter to coincide with the exhibition, *Group Therapy: Mental Distress in a Digital Age* held at *FACT,* Liverpool

in 2015, and at *The Big Anxiety Festival*, Sydney in 2017.[24] The work behind this essay stems from new thinking which I had developed around the arts and mental health agenda as the opening keynote for the *Art of Good Health and Well-being International Arts and Health Conference,* Melbourne, Australia, (November, 2010) and later developed as a seminar for the *Centre for Medical Humanities* in Durham (February, 2011).[25] *A Brightly Coloured Bell-jar* also includes thinking from a critique of the arts and health research agenda, which I had begun to explore in Sydney, in a paper called *Fiction-Non-Fiction* (2013), which questioned the relevance of Randomised Controlled Trials and slavish subservience to scientism, particularly drawing out the research practices from the pharmaceutical industry. I will discuss *Fiction-Non-Fiction* later.

The inception of *A Brightly Coloured Bell-jar* came from a very real experience, and the thinking and future direction of my personal research would be informed by this essay. The starting point was my appointment as external arts consultant to an NHS Trust's in-patient mental health unit, and the rejection of a small piece of art by the English artist Polly Morgan which I intended to use as a stimulus to deeper conversations about art and artists with patients and staff of the unit. Overseen by a strategic committee which was led by the chief executive and self-appointed hospital 'design champion' (a mandatory role in all Private Finance Initiative hospitals at the time), the committee was resistant to anything that didn't tick all their boxes.

The brightly coloured little taxidermy bird in a bell jar, (fig 8) was deemed "totally unacceptable" and "not in any way art", despite my reassurances that this would be used in facilitated discussions and that I had worked in acute mental health services for over twenty years.

My solution to such an impasse was to withdraw from the contract on the grounds that work that was unconventional or uncomfortable could be an appropriate vehicle to more nuanced and supportive exchange, and participatory

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[24] This exhibition curated by Vanessa Bartlett showcased the work of people exploring mental difference and the book of the same name had essays from a number of exhibiting artists and thought leaders. https://www.fact.co.uk/projects/group-therapy-mental-distress-in-a-digital-age.aspx Following its success in the UK it was central to the Big Anxiety Festival https://www.thebiganxiety.org/events/group-therapy-2/

[25] First drafts of this essay were explored in Australia at the University of Melbourne in 2010 and the UK at the Centre for Medical Humanities at the Durham University in 2011 https://medicalhumanities.wordpress.com/2011/01/29/clive-parkinson/

commissions that move beyond corporate aesthetics. This experience galvanised me to ask who exactly is art for, and whether art commissioned for health settings just has to be pretty little trinkets and gloss? With considered sensitivity, can't we share more challenging work and in a time of state-sanctioned mindfulness, wellbeing and happiness, isn't there a little room for conflict and dissent in the ways in which mental health is understood?

Figure 8. *To Every Seed His Own Body* (2008) Polly Morgan. Used with permission.

A Brightly Coloured Bell-jar shared ideas about the burgeoning global depression in the public psyche, which the *World Health Organisation* tells us, will be the biggest health burden on society both economically and sociologically within 20 years (Murray and Lopez, 1996; WHO, 2003). *A Brightly Coloured Bell-jar* explores some of the ways that the global deficit and the way we perceive mental ill health, are inextricably entangled in our pursuit of the dream of individual well being. This publication unpicks the taxonomy of mental difference set out in the *Diagnostic and Statistical Manual of Mental Disorders*: psychiatry's systematic tool

for the diagnosis and treatment of mental ill health.[26] It does this through the early work of those who defined mental illness in terms of deficit, disease and selfish individualism (Nash, 1950, Laing & Esterton, 1964) and contemporary thinkers who question the rise in numbers of people taking antidepressants and receiving diagnosis (Greenberg, 2011) and those who critique the ways in which we understand wellbeing and happiness (Bruckner, 2011; Ladkin, 2016).

Specifically I ask if we are in danger of pathologising every aspect of our lives, in an obsessive pursuit of well-being, revealing that the arts are increasingly offered as a route to happiness. It asks if there is room for pessimism in the wellbeing debate and asserts that both the arts and public health are political and inextricably linked to inequalities. *A Brightly Coloured Bell-jar* suggests amplifies my conviction (Parkinson, blog) that these are essential elements of the arts, and socially engaged artists should be at the heart of public debate - scrutinising, curious and enabling - questioning dominant ideologies and giving voice to those most marginalised by those in power.

My ninth paper, ***Weapons of Mass Happiness: Social Justice and Health Equity in the Context of the Arts,*** (2018) (WoMH) is a book chapter in *Music, Health and Wellbeing: Exploring Music for Health Equity and Social Justice*; (Sutherland, N., et all. 2018) and was commissioned following my keynote address to *ARTLANDS 2016* festival and conference in Australia. This event is Australasia's largest bi-annual event of its kind, bringing together over one thousand artists and policy makers, and in 2016 was facilitated by *Arts, New South Wales,* (NSW) the peak body and service agency for arts and cultural development in regional NSW.

WoMH consolidates the strands of my thinking set out in the previous eight publications, into a cohesive whole. In my conclusion, I will describe the relevance of this work in terms of the performative nature of my presentation at *ARTLANDS* and the trajectory that this work has taken me. In this outline I will describe the main arguments, as I have with the other publications. I was invited to give this keynote at the invitation of Chief Executive Officer of Arts NSW, Elizabeth Rogers who had encouraged me to build on the thinking developed in the unpublished

[26] The Diagnostic and Statistical Manual of Mental Disorders was first published in 1952 and in 2013 its fifth major edition was published by the American Psychiatric Association. It offers a common language and standard criteria for the classification of mental disorders, but is mired by controversy including cults bias and until recently, classifying homosexuality as a condition which could be cured.

conference paper, Fiction-Non-Fiction (2013).

As briefly discussed earlier, this work focused on issues around what is considered evidence in arts and health research. Fiction-Non-Fiction purposefully entangled a range of research material held up as incontrovertible evidence, including the British government's moral and financial justification for invading Iraq in 2003; and the largest healthcare fraud settlement in history, of $3billion fine made against the pharmaceutical company *GlaxoSmithKlein,* "for promoting two drugs for unapproved uses and failing to report safety data to the Food and Drug Administration and fined" (*US, Department of Justice,* 2012; Parkinson, blog).

In this book chapter, WoMH (2018) I took this thinking further, albeit in a more considered tone, and alongside this train of thought, suggested that the work of those of us who identify as socially engaged artists and/or researchers, is frequently offered up as:

> a potent weapon - double edged sword - a manifestation of free will and self-determination on one hand, but on the other, a utopian elixir offered up to solve all of life's ills, and as such, a social anaesthetic
> (Parkinson, 2017: 269).

WoMH proposes that art and artists are being manipulated by those in power through what I describe as, state-sponsored instrumentalism, to fulfil explicit and covert political agendas in the name of culture and the 'free world'. Furthermore, I suggest that the arts and health community risk being exploited as the quick route to a feel good factor and subjective happiness, at the cost of integrity and quality. WoMH interrogates the appropriation of art and artists from black and minority ethnic backgrounds, with a particular focus on the work of the African American jazz musicians who were co-opted by the US government to act as international 'Jazz-Ambassadors' during the cold-war, at the same time as the very same artists were being discriminated against across the United States of America. My analysis of the promotional and 'viral' YouTube film; *Alive Inside,* (fig 12) made by the arts and health organisation, *Music & Memory*^{SM} questioned the ways in which a vulnerable man, living with symptoms of dementia, was being used to sell a product.

WoMH explored the work of *#BlackLivesMatter*[27] which "emerged to (re)build the Black Liberation Movement, following the 2012 murder of seventeen year old Trayvon Martin and subsequent acquittal of George Zimmerman for this crime" (Cullors, Tometi & Garza 2016). I suggest that by placing "black queer and trans folks, disabled folks, black-undocumented folks, folks with records, women and all Black lives along the gender spectrum," (op cit: 2016) at the heart of a movement populated by cultural workers, artists and designers, *#BlackLivesMatter* represents a cohesive force for radical social and cultural change.

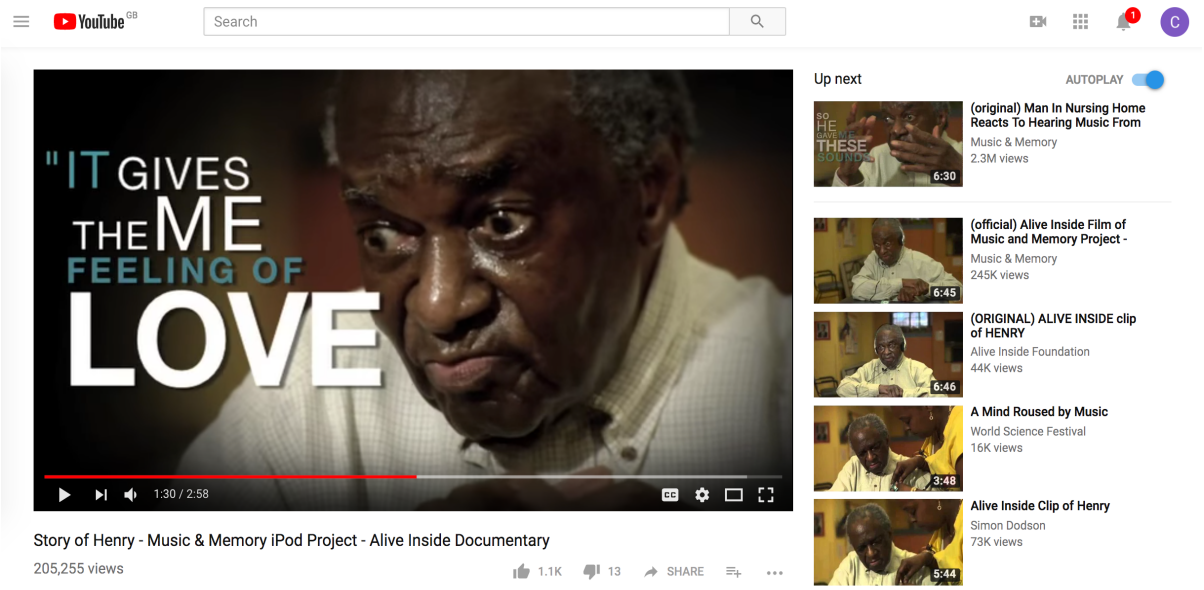

Figure 9. Screenshot taken from YouTube of Music & Memory℠. Image in public

In WoMH I suggest that:

> artists address the inequalities that underpin social unrest, attests to the place of the arts in the investigation, ideological exploration, and the re-visioning of society. More than that, participation in the arts offer opportunities for the personal to become political, the individual to become the communal - offering multifaceted calls to action (Parkinson, 2018: 282).

Through an analysis of the UK riots in 2011, WoMH aligns itself to the thinking of Wilkinson and Pickett (2011) in their assertion that the inequalities that

[27] *#BlackLivesMatter* I use the 'hash-tag' as it is the method Cullors, Tometi & Garza adopted during its emergence as a movement.

lay behind the riots are a ‘social poison,’ and our need to understand that “as tobacco is a physiological poison, Britain's high levels of inequality are a social poison that increases the risks of a wide range of social ills” (Wilkinson and Pickett, 2011).

This builds on the thinking of artist David Pledger and his critique of systems that have seen more money put into marketing and management than into artists, with the artist being at the very bottom of the food chain, and a system of managerialism, that “sees itself as the antidote to chaos, irrationality, disorder, and incompleteness” (Pledger, 2013). As I asked in A Brightly Coloured Bell-jar: are these not some of the essential elements which are central to the arts, and should not the socially engaged artist be at the heart of public debate - scrutinising, “curious and enabling - questioning dominant ideologies and giving voice to those most marginalised by those in power?” (Parkinson, 2015: 127).

Through this body of work, I have developed a line of inquiry which moves away from utilitarian understanding of the impact of the arts, and progresses a research-informed narrative, where overarching inequalities include mental difference, substance misuse and the disenfranchising aspects of age. As my work argues, the arts in all their forms have the power to influence health and wellbeing, but less as a curative instrument of a nanny state, and more as a means to exercising fundamental human rights and questioning the status quo. From street carnival as a cohesive expression of community, to verbatim theatre as a means of evidencing lived experience of riots, Weapons of Mass Happiness draws together the multi-faceted possibilities of diverse arts practice, and as my conclusion will demonstrate, a radical adjunct to the middle-ground of arts and health.

For copyright reasons web links are provided for each of the nine published papers over the following pages. This is followed by a critical reflection and outline of current and future research direction informed by the work. The page numbering reflects the omitted full publications.

1. Parkinson, C., 2009. **'Invest to Save: Arts in Health - Reflections on a 3 year period of research and development in the North West of England',** Australasian Journal of Arts and Health, Number 1; June 2009.

Access: https://e-space.mmu.ac.uk/96999/

2. Parkinson, C., 2010. **'Big Society: Arts, Health and Well-Being',** Arts at the Heart: nalgao journal, Issue 26, August 2010, 5.

Access: http://www.artsforhealth.org/resources/Big_Society_Arts_Health_Wellbeing.pdf

3. Parkinson, C., 2012. **'Beyond the States of Arts and Health: Public Wellbeing + Civic Good'.** In Brazauskaitė, A. (eds.) MENAS ŽMOGAUS GEROVEI, Lietuvos Respublikos Kultūros Ministerija.

Access: http://www.menasgerovei.lt/uploads/6/9/5/4/69544329/menas-zmogaus-gerovei.pdf

4. Parkinson, C., 2013. '**Towards Sentience'.** In Graeme Brooker and Lois Weinthal (eds.) The Handbook of Interior Design, 6000 words, Berg Publishers, London.

Access: https://www.bloomsburydesignlibrary.com/encyclopedia-chapter?docid=b-9781474294096&tocid=b-9781474294096-chapter22&st=

5. Parkinson, C. White, M., 2013. **'Inequalities, the arts and public health: Towards an international conversation',** Arts & Health: An International Journal for Research, Policy and Practice, Volume 5, Issue 3.

Access: https://e-space.mmu.ac.uk/618102/1/Inequalities%20the%20arts%20and%20public%20health%20Towards%20an%20international%20conversation%20(1).pdf

6. Parkinson, C., **‘Present Tense’.** In Gartside, S et al (eds.) Mortality: Death and the Imagination, 2013.

Access: https://e-space.mmu.ac.uk/617607/11/MortalityBookProof.pdf

7. Parkinson, C., 2014. **A Recoverist Manifesto**, Arts for Health, Manchester.

Access: https://e-space.mmu.ac.uk/578680/

8. Parkinson, C., 2015. **'A Brightly Coloured Bell Jar - A State-Sanctioned Aesthetic'.** In Vanessa Bartlett (eds.) Group Therapy: Mental Distress in a Digital Age, 16, Liverpool University Press.

Access: https://e-space.mmu.ac.uk/617649/1/4_A%20Brightly%20Coloured%20Bell%20Jar.pdf

9. Parkinson, C., 2018. **‘Weapons of Mass Happiness: Social Justice and Health Equity in the Context of the Arts’.** In Naomi Sunderland et al ed. *Music, Health, and Well-being: Exploring music for health equity and social justice,* Palgrave Macmillan.

Access: https://e-space.mmu.ac.uk/618539/

A Critical Reflection

From the Ministry of the Bleeding Obvious

In this concluding section of my analytical commentary, I will provide a critical account around the direction in which this body of work has progressed towards a cohesive whole, outlining its contribution to the wider field of arts and health, whilst expanding my ongoing and future research direction.

Over the period in which these nine papers were written I have been closely involved in strategic developments in arts and health in the UK, Lithuania, Australia and Japan including providing case studies to, and dissemination of, the *Prospectus for Arts and Health* (2007) and the *All Party Parliamentary Group* (APPG) report, *Creative Health* (2017) in which I contributed to the provision of the APPG's secretariat and was an active member of parliamentary round-table discussions which informed the report. Additionally I facilitated its public launch at the *Manchester School of Art* in July 2017.


Readers of mailout already know this – it could have come out of the ministry of the bleeding obvious. But if you're putting in a funding bid, trying to convince a sceptic it's always useful to have the research that backs it up. Here it is.

The Arts are good for you

Arts increase well-being and reduce anxiety and depression, according to new Manchester Metropolitan University research

Figure 10. The Arts Are Good For You. (2007) Howell and Robinson, mailout magazine. Used with permission.

For my critical reflections however, it is useful to frame my current research direction in the light of two critical reflections on my work by others, the first of which relates to the dissemination of the Invest to Save: Arts in Health project and which was published in *mailout magazine*, which described itself as "the only national magazine focusing on the participatory arts sector and the use of participatory arts" (Howell and Robinson, 2007: 4). The *mailout* feature (fig 10) on the *Invest to Save* project ran the headline "The Arts are good for you" preceded by the byline that the research "could have come out of the ministry of the bleeding obvious" (ibid, p22).

The second critique of my work comes from Dr Daisy Fancourt in her handbook, Arts in Health: Designing and researching interventions (2017). This book offered its readers a "fact-file of 13 different areas of medicine, showing what research findings have been published, suggesting project ideas and providing further resources which will help readers come up with their own project or research ideas" (Fancourt, 2017). In this "how to" guide, psychoneuroimmunologist Fancourt, suggests that both Mike White and I privilege arts and health research as 'exceptional' over other forms of health or public health research. She is scrutinising our shared endeavours through a bio-medical lens, something that could be justified within a biomedical model of arts and health, but which as a result fails to see that our work is not defined by clinical health outputs, but through our exploration of other factors like social connectedness and the more oblique social influences on long-term health and wellbeing.

Taken together, these two critiques of my work are diametrically opposed to each other: one from a community arts perspective, the other from a clinically focussed researcher pursuing a reductive agenda. Both however, have been useful to my own thinking and research direction. My theoretical perspective, has certainly gravitated towards the view point of the editors of *mailout magazine* which has provided me with a constant and useful levelling to my thinking and direction, which has grown to be less focused on an explicit health agenda. As I have attempted to show through my publications, my direction and research focus has become something altogether more nuanced, and thus difficult to pin down through attempts at scientific scrutiny, moving much closer towards artist-led research.

As part of the *Invest to Save* project I commissioned three artists to interrogate the research data: the film maker Hafsah Naib to create a film that enabled participants to interrogate the data-collection instruments and methodology; the animator Clemens Kogler to visualise the research process and direction in the style of a corporate powerpoint, and the illustrator David Bailey to interpret extracts from research data in any way he chose, amplifying one participants' observations of his own personal transformation.[28]

[28] Naib, https://vimeo.com/12267399 Kogler, https://vimeo.com/41349358 and Bailey, http://www.davidbaileyillustration.com/

Perhaps these outputs might seem like a dumbing down of the research, but in fact they provided accessible ways of interpreting and sharing complex data. These seemingly minor outputs of work would go on to underpin much of my current practice, and in particular my own aural and visual approach to performative presentation, alongside my assertion of the place of the artist as researcher in their own right, which I will describe shortly.

Figure 11. *Stan* (2007) David Bailey for the Invest to Save: Arts in Health project. Used with permission.

As a brief point of note, the image 'Stan' (fig 10) relates to Bailey's interpretation of a transcribed interview with a participant in a Social Prescribing project at *START*[29] *in Salford*, an organisation supporting people experiencing depression and anxiety, and for participants referred by their general practitioner.
In *Big Society, the Arts, Health and Wellbeing,* I utilised the motif of Stan, who "described his experience of depression as like having a lighthouse strapped to his head," (Parkinson, 2010) illuminating the negative factors in his life, blinding him to other possibilities. When he was deeply absorbed in challenging arts sessions, he described the beam of the lighthouse as having shifted, and the new possibilities of

[29] START utilise creativity to help vulnerable people from all walks of life improve their skills and gain in confidence and have been established for 25 years. Their work is held up as an exemplar organisation in its support of people experiencing mental health issues. https://www.startinspiringminds.org.uk/

life were illuminated to him. He commented, that this could only happen when he was in the moment and deeply engaged. Furthermore, he described this deep immersion as an opportunity to "practice being well." This image amplified the impact of the arts beyond the transcribed interview.

In *Arts Development in Community Health: A Social Tonic*, Mike White called for a "unifying theory of arts in health" (White, 2009: 75) to effectively influence policy, and through the recent publication of the report of the *All Party Parliamentary Group on Arts, Health & Wellbeing, Creative Health* (APPG, 2017) his aspiration for a centralised supportive policy framework has emerged. White expressed frustration at the lack of *Arts Council England* and *Department of Health* leadership, following their earlier joint publication of A *Prospectus for Arts and Health* (Department of Health, 2007) which many had hoped would herald a period of political leadership. The prospectus was published at the start of the global financial crisis, and it seemed inevitable that a hiatus in good-will for innovative thinking within the health sector would stymie this agenda.

White's further observation that "on-the-ground experience has shown there is an entrepreneurial momentum to the development of the work, and […] opportunist growth may suit it better than a guiding external strategy," (White, 2009: 234) however, may have unintentionally opened the floodgates to the free-market philanthropists who now see the arts as a cost effective tool (Joss, 2016) to deliver a clinical NHS agenda.

Recent academic textbooks attempt succinct definitions of arts and health (Stickly & Clift, 2016: Clift, 2017) and seen alongside Fancourt's systematic "how to" guide and the rallying call of the co-chair of the APPG Lord Howarth of Newport that "practice should push forward without feeling it must wait for theory to lumber along behind," [30] (Howarth, 2013) it seems that the arts and health terrain is a contested territory, but one that is rapidly expanding.

In our paper *Inequalities the Arts and Public Health,* Mike White and I called for a "re-imagining of public health", [and a] "re-imagining of international development for health and wellbeing in a framework of social determinants, inequalities and globalisation" (Parkinson and White, 2013). As its editors commented, we were looking to "facilitate a more truly radical potential for the field"

[30] Lord Howarth gave a keynote at the event hosted at Manchester School of Art to publicly launch the APPG report: Creative Health.

(Atkinson and White, 2013). My current work suggests that a radical re-thinking is still needed to enable this multi-disciplinary field to flourish, whilst accepting much of the wider arts and health field is instrumental and easily colonised and controlled by government agendas.

In their attempts to draw a line under age old arguments around the intrinsic and instrumental value in the arts, Chief Executive of the *Royal Society for the Arts,* (RSA) Matthew Taylor and John Knell, argue for artistic instrumentalism which embraces "excellence in terms of artistic standards and understanding of the value of the artistic experience for producer and consumer" (Taylor and Knell, 2011). This sits alongside what they describe as public good instrumentalism focusing down "on the wide range of positive economic and social outcomes flowing from the arts, and active participation in the arts" (ibid, 2011: 18). They propose that both logics will sometimes overlap.

I would echo that these observations are borne out in much arts and health practice, where the focus is on improving and promoting health, exemplified by the burgeoning social prescribing agenda which is increasingly seeing people presenting to their general practitioner with mild to moderate mental health problems, and being referred on to communal arts groups. From hospital arts projects designed to promote speedy recovery of patients, to community singing groups of people affected by Chronic Obstructive Pulmonary Disease, these are clearly arts based interventions designed to explicitly improve health and wellbeing, and are by the RSA definition, public good instrumentalism. This observation is not made in a way to denigrate the work, but to differentiate agendas within the arts and health field.

The current political climate in the UK, amplified by market forces, offers something more insidious to the arts and health agenda, in the way that health is increasingly being commodified and day to day anxieties are being redefined as illness and "as a result, price, cost, quality, availability, and distribution of health care are increasingly left to the workings of the competitive marketplace" (Pellegrino, 1999: online).

In my book chapter, *A Brightly Coloured Bell-jar,* and on the *Centre for Medical Humanities* blog[31], I elaborated on the question of market forces in the USA where the pursuit of happiness is a constitutional dream, but where the doling out of diagnostic labels begs the question: am I not happy enough, because I am sick? In this work I expanded Greenberg's suggestion that the depression industry:

> has expanded like Walmart, swallowing up increasing amounts of psychic terrain, and like Walmart, this rapidly growing diagnosis, no matter how much it helps us, is its own kind of plague. It could be that the depression epidemic is not so much the discovery of a long unrecognised disease, but a reconstitution of a broad swathe of human experience as illness (Greenberg, 2011: 17).

In more recent work, (2017) I have argued that the pharmaceutical industry largely controls how we perceive our mental health, and that everyday anxieties and pessimism are "largely perceived as unacceptable and symptomatic of illness, needing to be treated by the medical weapons of choice: pharmaceuticals" (Parkinson, 2017; Parkinson and Bennett, 2017). Psychologist Peter Kinderman offer us an alternative to the bio-medical—or rather, pharmaceutical—dominance of our psychic terrain. In his essay *Drop the Language of Disorder,* he suggests that we need a "wholesale revision" of the way we think about psychological distress, starting by acknowledging that distress is not abnormal but a normal human response to difficult circumstances. Kinderman proposes that any system that provides a lexicon for identifying and responding to mental distress should use language and processes which recognise that psychosocial factors (poverty, unemployment, trauma) are the most strongly evidenced causal factors for psychological distress (Kinderman *et al,* 2012).

If mental illness is seen as a personal chemical, biological and statistical problem, this has huge benefits to the market, reinforcing the idea that it is the individual who is at fault, apportioning blame on the individual.

[31] I wrote a synopsis of A Brightly Coloured Bell-jar for the Centre For Medical Humanities blog following my presentation in Durham: http://centreformedicalhumanities.org/a-brightly-coloured-bell-jar-part-one/

Simultaneously this feeds the burgeoning pharmaceutical industry, who sell on their products to general practitioners, who contribute to the creation of a passive and pliant populous. My work suggests that the dominance of pharmaceutical companies in defining mental difference in terms of pathology and deficit (Goldacre, 2012) is compounded by toxic capitalist policies and culture, which damage our well-being:

> by reinforcing the systemic belief that material affluence is the key to fulfilment and that access to the top is open to anyone willing to work hard enough, regardless of their familial, ethnic or social background - if you do not succeed, there is only one person to blame (James, 2008: 36).

Blame and shame were the overarching emotions felt by people who had misused substances and who collaborated in the *Recoverist Manifesto*, which in itself has provided a platform for debate, influencing an emerging recoverist aesthetic and shaping new research, exemplified by the award winning film Wonderland: the art of becoming human,[32] (Ravetz, 2016) which taking the aspiration of author Will Self in his introduction to the *Recoverist Manifesto,* explores the ambition of recoverists to feel and be felt by other feeling people. This assets-based work, has expanded artistic practice and vision. The project's director Amanda Ravetz described how this experimental work released both energy and resolve for not only social connectivity but political action and the drive to speak out against injustice. Critically, Ravetz describes the need for "resistance, friction, stealth, non-disclosure and uncertainty rather than analytical naming and scientific truth" in artistic research and practice (Ravetz, 2017).

[32] Wonderland: the arts of becoming human is responsible for widening understanding of the recoverist agenda and the place of the arts in recovery. It won the Utopia category in the AHRC Research In Film Awards 2016.

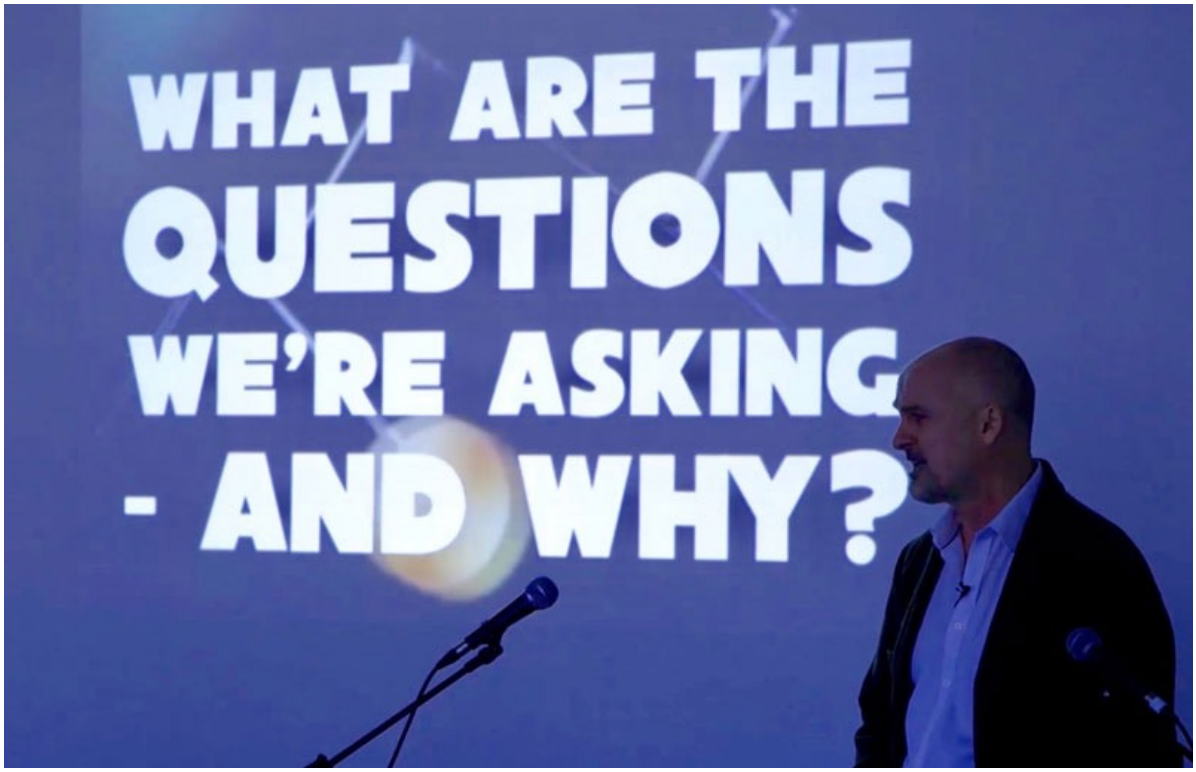

Figure 12. Image of Clive Parkinson (2016) Photo: Kilian Waters. Used with permission.

Methodology and Process

The publications presented in this thesis represent an evolution in my methodological approach to research, incrementally revealing a development in the ways in which I have understood the reach, potency and complexity of the arts and health field, through my own reflective practice. Where the Invest to Save project was driven by an imperative to understand the impact of arts interventions on measurable health outcomes, the research required methods that were relevant to those demands. Whilst data were captured using appropriate instruments, it was placing the participants at the centre of the process, and recruiting artists to interpret and comment on the work, that made this work distinct. My inclusion of artists in this process at the time, was additional.

Subsequent thinking around *Experience Based Design* and *Appreciative Inquiry* influenced the development of my work around ageing and end of life care as well as the methodology for facilitating the workshops that informed the *Recoverist Manifesto* which placed collective stories at the heart of the narrative. In the case of this manifesto, and to provide some parity across the diverse communities I worked with in Italy, Turkey and the UK, I used over 500 photographic images of Tracey Emin's, My Bed (1998). I presented these images in rapid succession and with no explanation, to explore shared responses to the

work. The imagery provoked exchange around addiction, loneliness, poverty and desperation. Contemporary art was a vehicle to promote shared stories, and the highly aesthetic and poetic manifesto, was a validation of collective aspirations which transcended cultural boundaries.

Whilst I have questioned my own place in academia, it has been through my own arts-led approach and commitment to multi-disciplinarity and dissemination, which have established my place as an international leader 'radically imagining the field of arts and health at this point in time." (Sunderland et al, 2017: 5)

For my unpublished conference paper, *Fiction-Non-Fiction*,[33] (Sydney, 2013) I developed an audio-visual method which I would subsequently refine through the *Recoverist Manifesto,*[34] (Parkinson, 2014) and more recently in *dis/ordered,*[35] (Parkinson, 2017) and *Critical Care,* (Parkinson, 2017) - but in Sydney, it represented a breakthrough moment in content and delivery. Influenced by the allegorical work of surrealist American film-maker Maya Deren[36] (1917 - 1961) and the cut and paste aesthetic of Max Ernst[37] (1891 - 1976), I had begun to utilise found film footage from the public domain.

As a counter-blast to the ubiquitous power point presentations which dominate academic conferences, I had begun to curate and edit film that offered deeper visual clues to the spoken and unspoken elements of my work. Through accompanying sonic soundscapes and occasional punctuated text, I had embarked on a body of work, which are best described as 'cut-ups', to deliver a provocative performance, not dissimilar to the work of journalist and film maker Adam Curtis,[38] albeit live, visceral and with an element of risk. This performative technique represents a significant challenge to presentation styles that slavishly illustrate data as statistics and impact as anonymised quotations: a choice I have consciously made, placing the story, the visual and the aural before any

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[33] Fiction-Non-Fiction: https://www.youtube.com/watch?v=Em0sERHATjw

[34] A Recoverist Manifesto: https://www.youtube.com/watch?v=H7KKG89YVmA&t=1s

[35] dis/ordered: https://vimeo.com/home/myvideos/page:1/sort:date/format:video

[36] Maya Deren was a Ukrainian-born American experimental filmmakers of the 1940s and 1950s

[37] Max Ernst was a German painter, sculptor, graphic artist, and poet and pioneer of the Dada movement

[38] Adam Curtis has a distinct documentary style: http://www.bbc.co.uk/blogs/adamcurtis

quantifiable data.

This development owes much to the influence of the three artists described earlier who were recruited to scrutinise the *Invest to Save: Arts in Health* project through their own practice. The importance of story-telling in my research has a direct lineage to their work. What my work began to do, was embrace ambiguity, uncertainty and complexity as being critical components of a story; neither dumbing down, or being slavishly co-opted as a vehicle to translate health issues. Artists who were seen as additional to the Invest to Save project, are now critical to the research agenda that I am pursuing. My own practice as film maker and performer places a primacy on the arts as data, and it does this with increasing authority whilst relishing its innate complexity.

Ray Pawson, Professor of Social Research Methodology, playfully suggests that "interventions are not 'treatments'. Interventions are *complex* process introduced into *complex* environments attempting to deal with *complex* problems. It is impossible to control for every contingency as the trialists urge" (Pawson, 2013; Parkinson, blog). Yet Randomised Controlled Trials (RCT's) are frequently held up as the gold standard in research methodologies (Clift, 2009; Fancourt, 2017).

Fancourt suggests that researchers and commissioners in healthcare and medicine look to RCT's as the best form of evidence, cautioning that it would take a 'seismic shift' to change this belief. Again, she proffers that, "this is not because of snobbery or a dislike of more complex interventions, but rather a desire to select the most effective and safe tools for patient care" (Ibid, 2017: online).

Consistently placing the arts and health agenda in a clinical context, Fancourt fails to see the wood for the trees, and like the free market arts and health evangelists (Joss, 2016) reduces the arts to a simple standardised tool for patient care. As I have discussed publicly online, (Parkinson, blog) the suggestion that one gold standard is suitable for understanding impact in a variety of contexts, is taken up by Professor of Philosophy, Nancy Cartwright, in her technical report for the *London School of Economics* and *Political Science for their Contingency And Dissent in Science Project.* Her paper is called: *Are RCT's the Gold Standard?* (2007) Her unequivocal answer is no. She usefully suggests however:

> There is no gold standard; no universally best method. Gold methods are whatever methods will provide a) the information you need, b) reliably, c) from what you can do and from what you can know on the occasion (Cartwight, 2007: online).

This neatly echoes Pawson's call to embrace complexity and the suggestion that arts based research "should always strive to save the phenomenon, never reducing, or replacing it with an explanation that omits human experience and its involvement in any understanding" (Andsell & Pavlicevic, 2010; Parkinson, blog).

My performative presentation of *Weapons of Mass Happiness*[39] (WoMH) at *ARLANDS*[40] in 2016, began to draw together the strands of my thinking, moving towards a critique of my own field of inquiry, in the context of social injustice and inequalities. As the opening international keynote at a conference which had over one thousand delegates, including a high proportion of indigenous artists, this was an honour and a challenge. Given that my own community of interest made up a significant proportion of the audience, this made it an altogether more onerous task.

As a white English man, it was a difficult presentation to make, but my analysis of *#BlackLivesMatter* as "a cohesive force for [radical] social and cultural change," (Parkinson, 2018) resonated with the large number of indigenous community artists at the conference. Holding a cultural lens to the recent rioting in the USA and UK, WoMH posits that artists address the inequalities that underpin social unrest, attesting the place of the arts in the investigation, ideological exploration, and the re-visioning of society. Specifically I suggest "that participation in the arts offers opportunities for the personal to become political, the individual become the communal - offering multifaceted calls to action" (ibid, 2018). My methodological approach places the arts at its core, positing the possibilities for a new wave of research that is both led and understood through visual and aural material, which challenges the hegemony and very nature of scientism within the field.

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[39] A pre-conference teaser for WoMH: https://vimeo.com/174006011

[40] A recorded version of the full WoMH material: https://www.youtube.com/watch?v=BMiWQEVQj9E&t=3s

Figure 13. Images extracted from *Weapons of Mass Happiness* include Louis Armstrong, Soviet propaganda and news coverage of the 2011 Tottenham Riots. Clive Parkinson (2016)

Many contributory factors of street riots are understood: “lack of community, family difficulties, low social mobility, poor relations between police and young people, consumerism.” (Wilkinson and Pickett 2011) This understanding is amplified by a writer like Gillian Slovo who created a piece of verbatim theatre called *The Riots*, (Slovo, 2011) before any official inquiry took place into the 2011 riots in the UK. Theatre critic Michael Billington proposes that as a piece of art, *The Riots* passes a ‘vital test’, “it offers us the evidence, and leaves us to form our own opinion as to why there is such anger on Britain's streets” (Billington, 2011).

WoMH proposes that artists should be at the heart of public debate - scrutinising, curious and enabling - questioning dominant ideologies and giving voice to those most marginalised by those in power. With this in mind, WoMH suggests that the wellbeing agenda needs to be reframed beyond individualism, which in an age of the institutional promotion of mindfulness, Steven Poole suggests, aims:

to calm the mind to a state of bovine acceptance, where nary a thought will trouble it. The modern idea of wellness is opposed to deep thinking. Instead it encourages us all to become happily stupid athletes of capitalist productivity. (Poole, 2015: online)

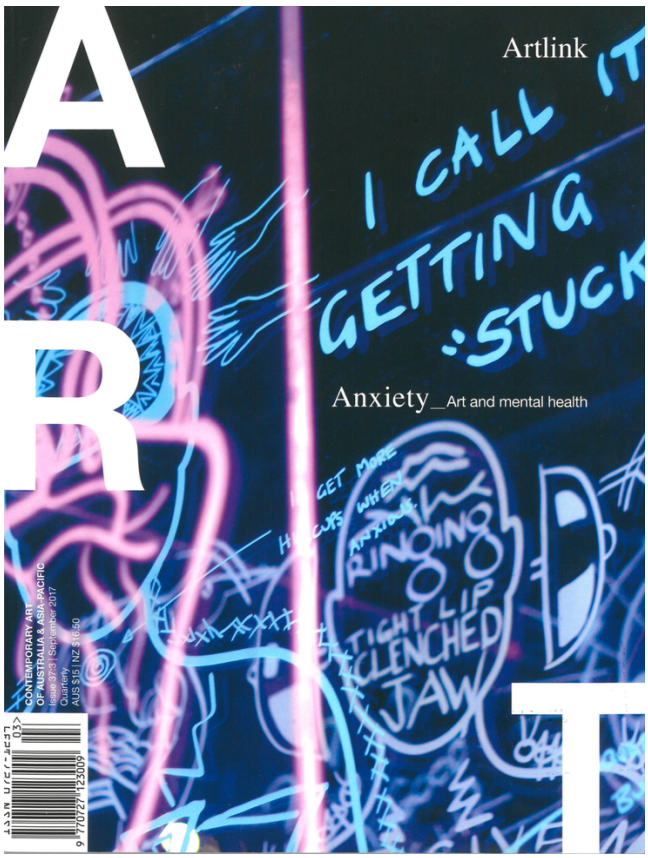

Figure 14. Image of ARTLINK Journal (2017) Anxiety_Art and mental health.Used with permission.

Conclusion

My most recent work - *dis/ordered*[41] (2017) - curated by *The Big Anxiety Festival* in 2017 and performed over two nights at the Museum of Contemporary Arts in Australia - bridges WoMH and the argument that Poole eludes to. This has been eloquently contextualised by the author of Capitalist Realism, Mark Fisher (1968 - 2017) who in focusing on the determining factors that influence mental health argues that mental anguish cannot be properly understood, or healed, if viewed as a private problem suffered by damaged individuals.

[41] dis/ordered was performed twice, but as one-off events. It is not available in text or online. A short filmed synopsis however, is available here: https://vimeo.com/244086855

Specifically he suggests that, “affective disorders are forms of captured discontent; this disaffection can and must be channeled outwards, directed towards its real cause,” which he proposes, is *capital*. (Fisher, 2009) Stephen Jay Gould eloquently defined biological determinism as:

> the abstraction of intelligence as a single entity, its location within the brain, its quantification as one number for each individual, and the use of these numbers to rank people in a single series of worthiness, invariably to find that oppressed and disadvantaged groups—races, classes, or sexes—are innately inferior and deserve their status. (Gould, 1981: 5)

In *dis/ordered* I explored the path in which reductivism has taken us down in terms the diagnosis and treatment of mental ill health. This work included an exploration of my brother’s untimely death and my own adolescent mental disquiet, alongside an underpinning thread of Fisher’s thinking - that we should “convert widespread mental health problems from medicalised conditions into effective antagonisms.” (Fisher, 2009: 80) Fisher argued that mental anguish is the symptom of a heartless and hopeless politics: predicated on the relentless message from politicians and media, that there is no alternative to the status quo. The dominance of oppressive political doctrines stifle opportunities for imagination and resistance, diminishing and negating the lived experience of people marginalised through difference or disability. However, as I have highlighted in WoMH, Fisher suggested that:

> the most powerful forms of desire are precisely cravings for the strange, the unexpected and the weird, which can only be supplied by artists and those who are prepared to give people something different from that which already satisfies them; by those prepared to take a certain kind of risk. Taking people beyond the limits of their own self. (op cit: 76/74)

In presenting a hybrid personal account of my own disquiet, alongside a wider socio-political discourse, to a sold-out public event, *dis/ordered* was offered up as an ‘effective antagonism’ which seems to have come full circle, and both my

own creative practice (now focused on film and sonic work) has become enmeshed with my professional research direction, alongside something of the auto-ethnographic perspective which I described in my introduction to this analytical commentary. It seems that the political and the personal enrich each other, and this body of work has contributed to both my research trajectory and esteem in my community of interest, albeit from a position that sees me at odds with some of the arts and health field.

Figure 15. Visual extracts from *dis/ordered* include from Riten (1969) by Ingmar Bergman, vintage advertising for meat and home movies. Clive Parkinson (2017)

Reflecting on my own research and practice however, I retain a feeling that my work is somehow fraudulent, and with what some might see as a *common sense* approach, is infringing the sacred worlds of arts and of medicine. Sociologist Stuart Hall argues that common sense has become the established default justification for neoliberal ideology (Hall, 2017: 16) so perhaps my work and values are less aligned to popularist notions of common sense, and stem instead from what Bertolt Brecht described as Crude Thinking: a reasoning that pursues knowledge and truth so long as there are questions and conflicts - applying theory

to practice. (Benjamin, 2003: 81)

It is my hope that this analytical commentary contributes to a deeper conceptual exploration of the practical and ethical implications surrounding the commodification of the arts, of health and of wellbeing. My work contributes to an emerging area of interest for arts and health scholars which echoes a broader perspective that "health care is not a commodity and that treating it as such is deleterious to the ethics of patient care, and that health is a human good that a good society has an obligation to protect from the market ethos." (Pellegrino, 1999)

The economist Friedrich Hayek[42] argued that any value that can't be expressed as a price and decided by the market, was nothing more than subjective opinion and preference; worse still, folklore and superstition. Hayek presented economics as pure, objective science suggesting that society itself was nothing more than a universal market. (Hayek, 1945) In light of this dominant free-market doctrine, my argument is deeply idealistic and I posit that whilst our health, and therefore the governance of it, is political, the arts are political too. In the seventieth anniversary year of the birth of the NHS it seems the arts have asserted a place for themselves within clinical and community health settings, but perhaps exist in a narrow and inward looking community. As I have referred to in my publications and online blog, Samuel Ladkin offers offers up a useful, but salutary warning to those pursuing a more functional arts and health agenda, that:

> It is often the staunchest defenders of art who do it the most harm, by suppressing or mollifying its dissenting voice, by neutralising its painful truths, and by instrumentalising its potentiality, so that rather than expanding the autonomy of thought and feeling of the artist and the audience, it makes art self-satisfied, or otherwise an echo-chamber for the limited and limiting self-description of people's desires.
> (Ladkin, 2014: online)

[42] Friedrich August von Hayek (1899 - 1992) was an Austrian, later British, economist and philosopher most famous for his defence of classical liberalism, his work now synonymous with the neoliberal agenda.

As I have asserted in WoMH:

> the ways in which health and well-being are now understood increasingly focuses on competition and not compassion, and into this largely clinical context the arts and health agenda emerged as a force to humanise healing environments and advance its relationship with medicine, understanding its place in an agenda less focused on civic good and the social determinants of health, but of pathology and disease - as a means to achieving individual health (Parkinson, 2018: 282).

This thesis reiterates the ideas developed in my book chapter, Weapons of Mass Happiness and proposes that even though 'arts and social justice' may not be as easily understood as 'arts and health,' perhaps if we reframe the arts and public health agenda in terms of equity and justice, "then we might truly engage with the social determinants of health and not simply decorate the edges of our individual lives" (ibid, 2018: 282). Ignorance, allied with power" suggested James Baldwin, "is the most ferocious enemy justice can have," (Baldwin, 1972: 48) and my work proposes that the arts have the potential to "proactively disrupt inequalities of health, race, gender, disability and sexual identity (ibid, 2018: 284).

"Art is not a mirror to hold up to society, but a hammer with which to shape it."[43] This quote, variously attributed to Bertholt Brecht and Vladimir Mayakovsky, provides a useful motif on which to conclude this analytical commentary, offering at the very least, a rallying cry to those of us working in the field of arts and health who want to resist the reduction of the arts to a bland middle ground: a manifestation of superficial happiness understood and legitimised through the language of pseudo-science.

Happiness is increasingly understood in terms of calculations and economy, and will soon undoubtedly be understood using software in our wrist watches to gauge our Gross National Happiness alongside our body mass index, blood pressure and steps walked per day. As Pascal Bruckner warns, the data will be

[43] Frequently attributed to Vladimir Mayakovsky in The Political Psyche (1993) and Bertholt Brecht in Paulo Freire: A Critical Encounter (1993) the quotation is most likely Leon Trotsky, Literature and Revolution (1924).

meaningless “having little to do with “happiness,” which lies outside the domain of statistics and need.” (Bruckner, 2010: 145)

WoMH and this thesis, suggest that “we will never address the health and well-being of communities until we get to grips with the injustices and inequalities that poison our communities” (op cit, 2018) - the arts however, might mitigate against negative social determinants of long-term public health and enrich the factors that promote well-being. My work suggests that art and artists give us voice to question systems of control and perhaps the means to question the status quo. In an interview with Studs Terkel, Baldwin also reminds us that, “artists are here to disturb the peace” (Baldwin, 1961: 21). Understanding the potency of the arts in the context of happiness or health doesn't sit comfortably in the cold shadow of a global financial downturn or scientism, and that is not altogether a bad thing.

When Fyodor Dostoevsky wrote *Notes from Underground* in 1864, he “fired a warning shot against the reduction of our universe to mechanical laws, urging us to embrace irrationality to salvage our very selves,” (Parkinson, blog) and as such, offers us some sage and mischievous advice in our age of reductivism.

> I admit that twice two makes four is an excellent thing, but if we are to give everything its due, twice two makes five is sometimes a very charming thing too (Dostoevsky, 1864).

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